

Membership Application Form 2024-25 Season (July 1-June 30)



To join online, go to mea-nj.org/Membership/How to Join.

Yes, I would like to: ☐ **Join The MEA** ☐ **Renew My MEA Membership**

Name: _____

Address: _____

_____ **Zip Code:** _____

Email: _____

Phone (home): _____

_____ **Mobile:** _____

Instrument(s) you teach, primary first: _____

Educational/Professional Background: _____

Membership Categories:

ACTIVE MEMBER:

NEW _____ **\$70** New members who are active teachers

COLLEGIATE _____ **\$20** New student members

(Please email a photo of your valid student ID to the Membership Chair at address below.)

RENEWING _____ **\$70 / \$80** after August 1; Current & returning Active members

ASSOCIATE MEMBER:

NEW _____ **\$35** Retired members, all supporters

RENEWING _____ **\$35/ \$40** after August 1; Current & returning Associate members

Volunteers - How can you help? Please list any MEA committees for which you may consider being a volunteer:

Teacher Online Directory - I would like my name and contact information listed on the MEA website as an active NJ teacher. Please check ☐ Yes or ☐ No.

Please print this form and mail with your check payable to **MEA** to:

Lisa Gonzalez, MEA Membership Chair

P.O. Box 32, Madison, NJ 07940

Questions? Contact Lisa Gonzalez, MEA Membership Chair: lisa@mea-nj.org