

PLEASE PRINT USING UPPER CASE ONLY - USE BLACK OR BLUE INK ONLY

Local Association \_\_\_\_\_ Social Security Number (optional)  -  -

First Name  MI  Last Name

Address  Apt. #

City  State  Zip

E-Mail  Home Phone (  )  -

School District \_\_\_\_\_ Work Phone (  )  -

School Bldg/Work Site \_\_\_\_\_ Ext

Subject  Position/Job Title  Date of Hire  -  -  Track (if applicable)

(See Reverse Side For Subject and Position Codes)

A designated portion of CTA dues is normally allocated to the Association for Better Citizenship (CTA/ABC), a bipartisan political fund through which CTA provides financial support for educational issues and CTA-endorsed candidates for local and state offices.

Please fill in if you choose not to allocate a portion of your dues to the CTA/ABC account and want all of your dues to remain in the General Fund.

**Membership Category**  
 Please fill in one, see back of form

Category 1  
 Category 2    A  B   
 Category 3    A  B   
 Category 4

ASSOCIATION	AMOUNT
NEA Dues	
CTA Dues	
LEA Dues	
NEA-FUND* Suggested \$20	
CTA Disaster Relief Fund Suggested \$20	
Cesar Chavez Memorial Education Awards Program Martin Luther King Jr. Scholarship Fund	
Suggested \$20	
<b>ANNUAL TOTAL</b>	
<b>MONTHLY DEDUCTION</b>	
Pay Method	
<input type="radio"/> Check <input type="radio"/> Payroll Deduction	

The following information is optional and a failure to answer it will in no way affect your membership status, rights, or benefits in NEA, CTA, or any of their affiliates.

**Ethnicity**

American Indian/Alaska Native  
 Asian  
 African American  
 Hispanic  
 Caucasian  
 Native Hawaiian/Pacific Islander

**Gender**  Female     Male

**Registered Voter**  Yes     No

**Marital Status**  Single     Married

**Birthdate**  -  -

**Party Affiliation**

Democrat  
 Republican  
 Independent  
 Other

**For Local Use Only** Local ID  Employer ID  Building ID  No. Deductions  Prorate Percent

I hereby designate and authorize the CTA/NEA/Chapter to act as my exclusive representative, pursuant to California Gov't. Sections 3540 et. Seq., for the purposes of meeting and negotiating on wages, hours, and other terms and conditions of employment.

You are hereby authorized and directed to deduct the above total sum or prorated sum where applicable in installments, including NEA-FUND\*, Disaster Relief Fund, Education Awards Program and Scholarship Fund contributions, from regular contract salary warrants due to me. The Chapter, State and/or NEA professional dues portions of said amount may be increased or decreased by any of said organizations without additional authorization from me. The total amount so deducted shall be transmitted to the California Teachers Association or its designated agent and upon remitting the deduction to the California Teachers Association, the school district has fulfilled its entire obligation and will be held harmless with regard thereto by the California Teachers Association. This authorization is to remain in force from year to year until revoked or revised by me in writing.

\*The National Education Association Fund for Children and Public Education (NEA-Fund) collects voluntary contributions from Association members and uses those contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of education who are candidates for federal office. Contributions to the NEA-Fund are voluntary; making a contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. Although the NEA-Fund requests an annual contribution of \$20, this is only a suggestion. A member may contribute more or less than the suggested amount, or may contribute nothing at all, without it affecting his or her membership status, rights, or benefits in NEA or any of its affiliates.

Contributions or gifts to NEA Fund for Children and Public Education are not deductible as charitable contributions for federal income tax purposes.

Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year.

Member Signature     Association Representative Signature     -  -   Date