

CTA Membership ID _____

First Name _____ Last Name _____

Home Address _____ Apt/Ste# _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone* _____

Home Email _____

Current or Most Recent Public Education Employer: _____

Dates of Employment: _____ to _____

Please read the description of Active membership below and check the box(es) next to the reason(s) that you are eligible for Active membership. Also check the box that applies to your membership dues category, based on the amount of time you are working. If you currently are not eligible for the "Active" member category, then please contact CTA Membership Accounting to learn how to join CTA as an "Associate" member.

Active Member: Active membership shall be open to any person engaged in, or who is on a limited leave of absence from, non-administrative, non-supervisory, public education employment in California. If you are eligible for this category of membership but a CTA chapter does not currently serve as your exclusive representative, please check the box below that applies to your eligibility for Active Membership:

Currently on Unpaid Leave of Absence - Category 3A
 Date that unpaid leave of absence began: _____
 Name of CTA chapter: _____

Ongoing Group Legal Services Assistance (eligibility limited to within one year of case resolution) - Category 3A
 Provide name of Group Legal Services attorney and short description of pending legal matter:

- RIF Notice Received (eligibility limited to within one year of receiving RIF notice) - Category 3A**
- Substitute Teacher (No Local CTA Representation) - Select Your Membership Dues Category Below**
- Certificated Teacher - No Local CTA Representation - Select Your Membership Dues Category Below**
- Other (please specify):** _____

SELECT YOUR MEMBERSHIP DUES CATEGORY BASED ON TEACHING ASSIGNMENT

- | | | |
|--|--|---|
| <input type="checkbox"/> Category 1
61% - 100% | <input type="checkbox"/> Category 2B
51% - 60% | <input type="checkbox"/> Category 3B
26% - 33 1/3% |
| <input type="checkbox"/> Category 2A
33 1/3% - 50% | <input type="checkbox"/> Category 3A
25% or less | <input type="checkbox"/> Category 4
Adult Ed Hourly |

*By providing my phone number, I understand that the NEA and its affiliates including CTA, the Local, NEA Member Benefits, and NEA360 may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. NEA and its affiliates will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP in response to an NEA, CTA or Local text message to **STOP** receiving the association's messages.

CTA/ABC & INDEPENDENT EXPENDITURES ALLOCATION (Optional)

Designated portions of CTA dues are allocated to the Association for Better Citizenship (CTA/ABC) and to Independent Expenditures (IE) through which CTA provides financial support for education-related issues (CTA/ABC) and CTA-endorsed bipartisan candidates for local and state offices (CTA/ABC and IE).

Please indicate if you choose not to allocate a portion of your dues to the CTA/ABC and the IE account and want all your dues to remain in the general fund.

CTA VOLUNTARY CONTRIBUTION

All CTA dues include a \$20 voluntary contribution per year to help fund CTA advocacy efforts and fund the CTA Foundation for Teaching and Learning, which provides scholarships to members and supports teacher-led efforts to improve public schools. To opt out of the voluntary contribution, complete a Voluntary Contribution Change Form. Forms are available at www.cta.org/contribution, from your local membership contact or via email at membership@cta.org.

I verify that the information and category selected is correct and I am eligible for membership at this level. I understand that membership dues are non-refundable.

Signature _____ Date _____

I have enclosed a check or money order made payable to: **CTA** *or*

Please charge my credit card _____ Exp Date _____
 (please provide below name on card and billing address if different from above)