



Membership Enrollment Form



Membership Year 2017 - 2018

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

Chaffey ID#

Local Association

Last four digits SS# XXXX If a member last year, please provide your Individual ID # (From Membership Card)

First Name MI Last Name

Address Apt. #

City State CA Zip

PERSONAL

E-Mail Home Phone

College CHAFFEY Campus Work Phone

Is this your primary place of employment? Yes No If no, College/District Ext

Subject XXXX Position/Job Title ADJF Date of Hire Track (if applicable) XX

(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)...

Please fill in if you choose not to allocate a portion of your dues to the CTA/ABC account...

Membership Category

Please fill in one, see back of form

- Category 1 (Full-time)
Category 4 (Part-time or Hourly)

Table with columns ASSOCIATION and AMOUNT. Rows: NEA Dues (64 75), CTA Dues\* (135 20), LEA Dues (5 -)

NEA-Fund\*\* Suggested Amount \$20

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Table with columns ANNUAL TOTAL and MONTHLY DEDUCTION. Values: 204 95, 20 50

Pay Method: Check, Payroll Deduction

The following information is optional and a failure to answer it will in no way affect your membership status...

Ethnicity

- Multi-Ethnic
American Indian/Alaska Native
Asian
African American
Hispanic
Caucasian
Native Hawaiian/Pacific Islander
Other

Gender

- Female
Male
Marital Status
Single
Married

Birthdate

Birthdate: - - 19

Registered Voter

- Yes
No

Party Affiliation

- Democrat
Republican
Independent
Other

For Local Use Only Local ID 1148 Employer ID 0111939 Building ID XXXX No. Deductions 10 Prorate Percent XX

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\*\*, from regular contract salary warrants due to me.

\*CTA dues includes a \$20 voluntary contribution per year to help fund CTA advocacy efforts and to fund the CTA Foundation for Teaching and Learning...

\*\*The NEA Fund for Children and Public Education (NEA Fund) collects voluntary contributions from Association members which are used for political purposes...

Contributions to the NEA Fund 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 for each individual whose contributions aggregate in excess of \$200 in a calendar year.

Association Representative Signature Date

Member Signature Date

Date: - - 20