



Membership Enrollment Form



Membership Year **2017** - **2018**

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

Chaffey ID #7

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 (____) _____ - _____

CHAFFEY

College _____ Campus _____ Work Phone (____) _____ - _____

Is this your primary place of employment? Yes No If no, _____ Ext _____

College/District

Subject **XXXX** Position/Job Title **INST** 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), 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 (Full-time)
- Category 4 (Part-time or Hourly)

ASSOCIATION	AMOUNT
NEA Dues	189
CTA Dues*	776
LEA Dues	100

NEA-Fund** Suggested Amount \$20

For Office Use Only

ANNUAL TOTAL	1065
MONTHLY DEDUCTION	106.50

Pay Method Check Payroll Deduction

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

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 ____ - ____ - **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. 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. Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as miscellaneous itemized deduction.

*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 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 Election Form. Forms are available on MyCTA at www.cta.org, from your local membership contact or via email at membership@cta.org.

**The NEA Fund for Children and Public Education (NEA Fund) collects voluntary contributions from Association members which are used for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for federal office. Only U.S. citizens or lawful permanent residents may contribute to the NEA Fund. 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. 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 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.

X _____
Association Representative Signature Date

Member Signature

____ - ____ - **20**____
Date