

Your Advocate. Your Partner. Your CTA.

Thank you for choosing a career in education. While it's personally rewarding, it's also professionally demanding. That's why NEA, CTA and your local association will provide you the support you need to be great at what you do. Being a member connects you with other educators. Together, we've been the most powerful voice for students and public education in California since 1863. And together, we still are. **We do this by:**

- Negotiating fair salaries, health care and other benefits
- Improving learning and working conditions
- Leading student-centered educational improvements
- Enhancing and defending your professional rights
- Supporting your professional practice with conferences, workshops, grants and scholarships
- Providing cost-saving benefits designed just for educators

PERSONAL INFORMATION MEMBERSHIP INFORMATION

CTA Membership ID (If Known) _____

First Name _____ MI _____

Last Name _____

Home Address _____

_____ Apt _____

City _____

State _____ Zip _____ Last 4 of SSN _____

Land Line _____

Cell Phone* _____
* See reverse for information

Home Email _____

Local Association _____

Employer/ School District _____

Hire Date _____ Primary Employer? Yes No

If no, list employer _____

Job Title _____

Building/ Work Site _____

TEACHING ASSIGNMENT INFORMATION

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

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.

CTA/ABC AND INDEPENDENT EXPENDITURE ALLOCATION AUTHORIZATION (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.

NEA FUND DEDUCTION AUTHORIZATION (Optional)

I agree to contribute \$_____ annually to the NEA Fund. The NEA Fund for Children and Public Education (NEA Fund) collects voluntary contributions from Association members and uses these contributions 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. ** See reverse for more information.

MEMBERSHIP, DUES PAYMENT AND DUES DEDUCTION AUTHORIZATION

YES, I want to join with my fellow employees and be a committed member of the Local Association, the California Teachers Association (CTA), and the National Education Association (NEA). I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all three associations, as they may be amended from time to time. I support the Local Association in its role as my exclusive representative in collective bargaining over wages, hours, and other terms and conditions of employment.

I hereby (1) agree to pay annual dues uniformly required for membership in the Local, CTA, and NEA; and (2) request and authorize my Employer to deduct from my pay in each pay period, and transmit to CTA or its designated agent, a pro rata portion of the annual dues required for membership in the Local, CTA, and NEA, unless I pay dues by check. I fully understand that the dues required for membership in the three associations are subject to periodic change by the associations' governing bodies and authorize dues payment on a continuing basis, and regardless of my membership status, unless my obligation to do so ends under one of the circumstances below. This agreement to pay dues continues from year to year, regardless of my membership status, unless: I revoke it by sending written notice via U.S. mail to CTA Member Services, P.O. Box 4178, Burlingame, CA 94011, not less than thirty (30) days and not more than sixty (60) days before the annual anniversary date of this agreement; my employment with the Employer ends; or as otherwise required by law.

Member Signature _____ Date _____



DEMOGRAPHIC INFORMATION *(Optional)*

Ethnicity	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	Gender	<input type="checkbox"/> Female	Birthdate _____
	<input type="checkbox"/> American Indian/ Alaska Native	<input type="checkbox"/> Multi-Ethnic		<input type="checkbox"/> Male	(mm/dd/yyyy)
	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/ Pacific Islander		<input type="checkbox"/> Non-Binary	
	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other			
		<input type="checkbox"/> Unknown			

Social Media Used:

<input type="checkbox"/> Instagram	<input type="checkbox"/> Pinterest
<input type="checkbox"/> Facebook	<input type="checkbox"/> Twitter

HOW CAN WE BEST SUPPORT YOU? *(Optional)*

1. What year did you enter the profession? _____
2. I am: Already a Member Joining the Association today
 Transferring from another district Interested in receiving more information about membership
3. Our Association provides resources and support to educators to ensure student success. How can we help you in your career and practice as an educator?
 Student Behavior / Classroom Management Access to Mentors and/or Coaches Working with Administrators
 Curriculum Assistance Working with Parents Understanding Your Evaluation / Observation Process
4. Our Association works to ensure every school provides our students with the opportunities to succeed. Which of the following issues are most important to you?
 Social and Racial Justice Fully Funded Schools Education Policy - *policy that impacts your school at the local, state or national level*
 Economic Justice Conditions in the Workplace Political Advocacy - *advocate for policies that ensure all students get the opportunities they deserve*
 Parental and Community Engagement
5. Our Association advocates for conditions that retain high-quality educators for students. Which of these are you interested in learning about?
 Compensations & Contracts Health Care & Insurance Student Debt
 Educator Rights & Responsibilities Pension & Retirement Benefits Stretching Your Paycheck

MORE INFORMATION

*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.

**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. Although the NEA Fund requests an annual contribution of \$50, 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 to the NEA Fund are not deductible as charitable contributions for federal income tax purposes. Federal law requires political committees to report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.