

## AGENCY FEE REBATE REQUEST FORM

If you do not join the union by completing an enrollment form, you will be an "Agency Fee Payer." You will receive a "Hudson Notice" from CTA which is a packet that includes information about the Agency Fee law, along with the opportunity to request a rebate of the "non-representational expenses" included in the agency fee.

If you do not wish to become a member of your local Association, be sure to watch for this Hudson Notice from CTA or use the attached form to request a rebate. The request must be returned to CTA at the address indicated on the form by the time stated in the Hudson Notice in order for you to receive the rebate.

Please call the office if you have any questions.

South Bay United Teachers

310-921-2500

[sbut@aol.com](mailto:sbut@aol.com)

[www.sbut.org](http://www.sbut.org)

**2017/18**  
**AGENCY FEE REBATE/ ARBITRATION REQUEST FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_

School District \_\_\_\_\_

Local Association \_\_\_\_\_  
(Full Local Name)

I request a rebate of the non-chargeable portion of my fees.

I wish to challenge the following in an arbitration hearing  
(check only those calculations you actually wish to challenge):

- Local Association's calculation
- CTA's calculation
- NEA's calculation

Initial here if you have no objection to providing your name and address to any other Fee objector who seeks the identities of other Fee Objectors for purposes related to the upcoming arbitration case. Such a requesting Fee Objector is required to agree in writing in advance that no party or representative of any party in this case shall use, or permit or enable the use of, the names and addresses of Fee Objectors in these proceedings for any purpose not immediately and directly related to this arbitration.

Send completed form to:

Agency Fee Rebate  
CTA Membership Accounting  
P.O. Box 4178  
Burlingame, CA 94011-4178

FOR OFFICE USE ONLY

Indiv ID# \_\_\_\_\_

PR Ded \_\_\_\_\_

Category \_\_\_\_\_

Date: \_\_\_\_\_

Initial \_\_\_\_\_