

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

Local Association \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_

Previous District \_\_\_\_\_ CTA Membership # \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Email \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Other Email \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

School District \_\_\_\_\_ Bldg/Work Site \_\_\_\_\_

Is this your primary place of employment?  Yes  No If no, list employer \_\_\_\_\_

Subject \_\_\_\_\_ Position/Job Title \_\_\_\_\_ Date of Hire \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(See Reverse Side For Subject and Position Codes)

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

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

Category 2      A       B

Category 3      A       B

Category 4

ASSOCIATION	AMOUNT
NEA Dues	
CTA Dues*	
LEA Dues	
Substitute <input type="radio"/> Yes	
NEA-FCPE** Suggested Amount \$50	
For Office Use Only	
ANNUAL TOTAL	
MONTHLY DEDUCTION	
Pay Method	
<input type="radio"/> Check <input type="radio"/> Payroll Deduction	

**Ethnicity**      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.

Multi-Ethnic

American Indian/Alaska Native

Asian

African American

Hispanic

Caucasian

Native Hawaiian/Pacific Islander

Other

Unknown

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Birthdate

Gender       Female       Male

Registered Voter       Yes       No

Marital Status       Single       Married

Party Affiliation       Democrat       Republican       Independent       Other

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

By providing my phone number, I understand that the National Education Association, NEA Member Benefits and NEA360 may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. Neither the National Education Association nor any of its affiliates charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 84693 to stop receiving NEA messages. Text HELP to 84693 or go to nea.org/terms for more information.

\*\*The National Education Association Fund for Children and Public Education collects voluntary contributions from Association members and use 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. 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 for Children and Public Education 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 for Children and Public Education 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. Federal law prohibits The NEA Fund for Children and Public Education from receiving donations from persons other than members of NEA and its affiliates, and their immediate families. All donations from persons other than members of NEA and its affiliates, and their immediate families, will be returned forthwith.

**X** \_\_\_\_\_ Association Representative Signature      \_\_\_\_\_ Date      \_\_\_\_\_ Member Signature      \_\_\_\_\_ Date

See reverse side

INSTRUCTIONS: Enrollment forms are for enrolling NEW MEMBERS (Check or P/R Deduction) or changing members' payroll deductions. Member completes enrollment form. Issue member the fourth copy of the form. Checks should be made payable to the local association. Distribute completed forms according to designations at the bottom of each copy. Do not distribute district copy if member pays dues by check.

### ACTIVE MEMBERSHIP CATEGORIES

Those eligible for membership in more than one school district shall be enrolled in their primary place of employment.

**ACTIVE FULL TIME:** For those faculty whose teaching assignment is more than 60% of a normal assignment, except for faculty employed as pre-school, head start, child care, adult education, and substitute teachers whose salaries are less than the minimum teacher salary for the district in which they are employed.  
(Category 1)

**ACTIVE PART TIME:** For those faculty whose teaching assignment is greater than 1/3 but not more than 50% of a normal assignment.  
(Category 2 - A)

(Category 2 - B) For those faculty whose teaching assignment is greater than 50% but not more than 60% of a normal assignment, or faculty employed as pre-school, head start, child care, adult education, and substitute teachers whose salary in the district in which they are employed is less than the minimum salary paid regular teachers in such district.

(Category 3 - A) For those faculty or substitutes whose teaching assignment is 25% or less than a normal assignment, including faculty on unpaid leave.

(Category 3 - B) For those faculty whose teaching assignment is greater than 25% but not more than 1/3 of a normal assignment or those faculty employed in private higher educational institutions or the University of California for whom no representation by the Association in employer-employee relations exists or is immediately contemplated.

(Category 4) For those adult education and community college employees employed only on a part-time or hourly basis.

#### POSITIONS

Adjunct Faculty	ADJF	Instructor	INST	Reading Specialist	READ
Administrator	ADMN*	Lecturer	LECT	Registered Nurse	RGNU
Adult Educator	ADED	Librarian/Media Spclst	LIBR	ROTC	ROTC
Assoc Professor	ACPR	Licensed Prac Nurse	LPNU	Social Worker	SCWR
Classroom Teacher	CLTR	Literacy Coach	LITC	Special/Develop Ed	SDSP
Coach	COCH	Other	OTHR	Speech/Hearing Therapist	SHTH
Counselor	CNSL	Professor	PROF	Tchr/Instruct/Prg Asst	TIPA
Health/Therapist Asst/Tech	HTAT	Psychologist	PSYC	Unknown	UNKN

\* Directly hires, evaluates, transfers, disciplines or dismisses.

#### SUBJECTS

Basic Ed Curriculum	BEDC	General Subjects	GSUB	Special/Develop Ed	SDED
Engl/Lang Arts	ELAR	Mathematics	MATH	Unknown	UN

### HOW CAN WE BEST SUPPORT YOU?

**1. We're excited this is your first year working here. Are you a new educator?**

Y /  N (if NO) How long have you been an educator? \_\_\_\_\_

**2. Where did you graduate/get trained/ get certified?** \_\_\_\_\_

**3. What would you find most useful to help you and your students succeed?**

- Classroom management
- Access to mentors and/or coaches
- Access to professional development or professional support
- Other

**4. Which of the following areas and issues are most important to you?**

- Teaching and Learning
- Negotiating Collectively for Working and Learning Conditions
- Social Justice
- Parent and Community Engagement
- Education Policy (testing, funding, etc.)

**5. Which of the following activities and tools are most valuable to you?**

- Degrees, Not Debt – reducing your student loan payments and pursuing loan forgiveness
- Advocacy – opportunities to advocate for laws and policies that ensure the schools our students deserve
- Professional Development – trainings, conferences, and webinars designed to help you improve your practice
- Social and Economic Justice – opportunities to improve the conditions our students face inside and outside of the classroom