

## 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

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 \_\_\_\_\_

### MEMBERSHIP INFORMATION

Local Association Fairfield-Suisun UTA

Employer/School District Fairfield-Suisun USD

Hire Date \_\_\_\_\_ Primary Employer?  Yes  No

If no, list employer \_\_\_\_\_

Job Title \_\_\_\_\_

Building/Work Site \_\_\_\_\_

### TEACHING ASSIGNMENT INFORMATION

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Category 1<br>61% - 100% | <input type="checkbox"/> Category 2A<br>33 1/3% - 50% | <input type="checkbox"/> Category 2B<br>51% - 60%      |
| <input type="checkbox"/> Category 3A<br>25% or less          | <input type="checkbox"/> Category 3B<br>26%- 33 1/3%  | <input type="checkbox"/> Category 4<br>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](http://www.cta.org/contribution), from your local membership contact or via email at [membership@cta.org](mailto: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 \_\_\_\_\_

