

## 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:***

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> <b>Negotiating fair salaries, health care and other benefits</b><br><input checked="" type="checkbox"/> <b>Leading student-centered educational improvements</b><br><input checked="" type="checkbox"/> <b>Supporting your professional practice with conferences, workshops, grants and scholarships</b> | <input checked="" type="checkbox"/> <b>Improving learning and working conditions</b><br><input checked="" type="checkbox"/> <b>Enhancing and defending your professional rights</b><br><input checked="" type="checkbox"/> <b>Providing cost-saving benefits designed just for educators</b> |
|---|--|

### PERSONAL INFORMATION

CTA Membership ID or Previous Employer/School District \_\_\_\_\_

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

Last Name \_\_\_\_\_

Last 4 of SSN \_\_\_\_\_

Home Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_

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

Land Line \_\_\_\_\_

Cell Phone\* \_\_\_\_\_  
*\* See next page for information*

Home Email \_\_\_\_\_

### MEMBERSHIP INFORMATION

Local Association \_\_\_\_\_

Current Employer/  
School District \_\_\_\_\_

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

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

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

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

#### TEACHING ASSIGNMENT INFORMATION AND DUES CATEGORY

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

FOR OFFICE USE ONLY  
ANNUAL DUES AMOUNTS

NEA: \_\_\_\_\_

CTA: \_\_\_\_\_

LEA: \_\_\_\_\_

NEA FUND: \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

#### 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.

#### CTA VOLUNTARY CONTRIBUTION

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 & INDEPENDENT EXPENDITURES ALLOCATION (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.

### 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.

I understand that this agreement is voluntary and is not a condition of employment and that I have the legal right not to sign this agreement.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

## DEMOGRAPHIC INFORMATION *(Optional)*

<b>Ethnicity</b>	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<b>Gender</b>	<input type="checkbox"/> Female	<b>Birthdate</b> _____
	<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
  - Transferring from another district
  - Joining the Association today
  - Interested in receiving more information about membership
3. Your association provides supports and tools to ensure your success with students. What tools/trainings would you like to hear more about?
  - Classroom management (e.g. student behavior, relationships with students)
  - Lesson planning
  - Working with mentors and coaches
  - Working with families
  - Collaborating with administrators and colleagues
  - Unpacking professional expectations (e.g. evaluations, observations)
4. Your association works to ensure that schools provide students with opportunities to be successful. Which of the following issues are most important to you?
  - Social and racial justice
  - Meeting the needs of students in poverty
  - Family and community engagement
  - Fully funded schools
  - Education policy - *Contributing to critical decisions affecting my students, school, and district*
  - Political advocacy - *Supporting education policies to ensure all students have opportunities to succeed*
5. Your association advocates for conditions that retain high-quality educators for every student. Which of these are you interested in learning about?
  - Salary
  - Educator Rights & Responsibilities
  - Health Care Benefits
  - Pensions and Retirement Security
  - Student Debt and/or Finances
  - Stretching Your Paycheck
  - Working Conditions

## 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.

# How to Complete the Member Enrollment Form

# DRAFT

This How-To Sheet is intended for Chapter Leaders that are assisting new members to complete the enrollment form

Be sure to only use this form, do not use any other enrollment form.

## Personal Information:

- Enter the member name and contact information.
- Ensure to include both the land line & cell number.
- Home email is very important to be able to communicate with the member.
- If moving from another district, include the CTA Membership ID and/or the last 4 digits of the SSN to help link any previous records with any updated information.

## CTA/ABC Allocation:

Allows the member to decide to opt out of allocating a portion of dues to support pro education candidates and issues.

The main enrollment form is titled 'MEMBERSHIP ENROLLMENT FORM CERTIFICATED' and includes a header for 'YEAR 20\_\_ - 20\_\_'. It features a 'Your Advocate. Your Partner. Your CTA.' message and a list of benefits such as negotiating salaries, improving learning conditions, and supporting professional practice. The form is divided into several sections: 'PERSONAL INFORMATION' (Name, SSN, Address, City, State, Zip, Land Line, Cell Phone, Home Email), 'MEMBERSHIP INFORMATION' (Local Association, Current Employer, Hire Date, Job Title, Building/Work Site), 'TEACHING ASSIGNMENT AND DUES CATEGORY' (with checkboxes for various categories and a 'TOTAL \$' field), 'NEA FUND DEDUCTION AUTHORIZATION (Optional)', and 'CTA VOLUNTARY CONTRIBUTION'. At the bottom, there is a 'MEMBERSHIP, DUES PAYMENT AND DUES DEDUCTION AUTHORIZATION' section with a signature line and date.

## Membership Information:

- Include the full name of the local, employer and hire date.
- Include the name of the primary employer.
- Include the full school name.

## Teaching Assignment:

Select the percentage of time worked, see reverse for more info on categories. Note the explanation of the voluntary dues amount.

## NEA Fund Deduction:

Members have an opportunity to contribute to the NEA Fund supporting federal candidates that are pro-education. The total contribution will be deducted on a pro-rata basis over the school year.

## Membership, Dues Payment and Dues Deduction:

Outlines the terms of membership and identifies the CTA as the exclusive representative of the member for collective bargaining and employment conditions. Dues for the local, state and national associations will be deducted each pay period during the year. The member may revoke membership by notifying the local chapter president in writing and may cancel dues payments during a window between 30-60 days before their anniversary date of enrollment by notifying CTA via mail. **Important: Member must sign and date the form.**

## COMPLETE THE BACK OF THE ENROLLMENT FORM

The back of the enrollment form contains three main sections: 'DEMOGRAPHIC INFORMATION (Optional)', 'CTA SURVEY', and 'MORE INFORMATION'. The demographic section includes checkboxes for gender, marital status, and ethnicity. The CTA Survey section asks about interests in various areas like social and fiscal issues, economic justice, and education rights. The more information section provides details about the NEA Fund and how to contribute.

## Demographics:

Optional information to help CTA better serve members.

## CTA Survey:

This brief survey helps to identify the areas of interests of the new member. CTA has many programs and benefits for members and by completing this section, the local and CTA can better meet the needs of members.

## More Information:

More details about how a member may be contacted via text messaging. Also, details regarding the contribution to the NEA Fund.

Four overlapping copies of the enrollment form are shown, illustrating the four parts of the form: the main enrollment form, the demographic and survey sections, the membership terms, and the return instructions.

## 4 Part Form:

- Top sheet = Return to CTA Member Services in Burlingame as soon as complete.
- Page 2 = District Copy
- Page 3 = Local Copy
- Page 4 = Member Copy

## Four easy ways to return forms to CTA:

- ✓ Fax forms to CTA at 650-552-5061
- ✓ Mail forms to CTA, PO Box 4178, Burlingame, CA 94011
- ✓ Email forms to [Membership@CTA.org](mailto:Membership@CTA.org)
- ✓ Drop off forms at your local CTA Office

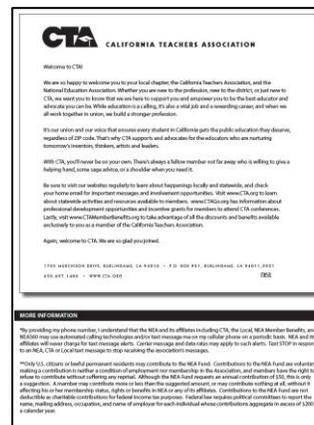
# ACTIVE MEMBERSHIP CATEGORIES – TEACHING ASSIGNMENT

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

MEMBERSHIP TYPE	MEMBERSHIP CATEGORY	% OF TIME WORKED	DESCRIPTION
ACTIVE FULL TIME	CATEGORY 1	61% - 100%	- Faculty assignment is more than 60% of a normal assignment. - Not including pre-school, head start, child care, adult ed or substitutes whose salary is less than the minimum teacher salary at that district.
ACTIVE PART-TIME	CATEGORY 2A	33 <sup>1</sup> / <sub>3</sub> % - 50%	- Faculty assignment is more than 1/3 but not more than 50% of a normal assignment.
ACTIVE PART-TIME	CATEGORY 2B	51% - 60%	- Faculty assignment is more than 50% but not more than 60% of a normal assignment. - Faculty employed at a pre-school, head start, child care, adult ed or substitutes whose salary is less than the minimum teacher salary at that district.
ACTIVE PART-TIME	CATEGORY 3A	25% or less	- Faculty assignments 25% or less than a normal assignment. - Substitute assignments 25% or less than a normal assignment. - Faculty on unpaid leave.
ACTIVE PART-TIME	CATEGORY 3B	26% - 33 <sup>1</sup> / <sub>3</sub> %	- Faculty assignment is more than 25% but not more than 1/3 of a normal assignment. - 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.
ACTIVE PART-TIME	CATEGORY 4	Part-time/Hourly	- Employed part-time or hourly in adult education or community college.
ACTIVE FULL TIME	ASSOCIATE	ASSOCIATE	- Any person interested in advancing the cause of public education but not eligible for any other class of membership - Administrative and supervisory personnel are eligible

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- Drop off forms at your local CTA Office



Be sure to highlight the welcome letter on the back of the member copy.

Visit [www.CTAGo.org/Membership](http://www.CTAGo.org/Membership) for more resources, FAQ's and training regarding membership enrollment and processing.