

MEMBERSHIP FORM

P.O. Box 921 Burlingame, CA 94011-0921 650/552-5345

Last Name _____ First Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone (____) _____ Social Security No. _____
(Optional – Used for future CTA membership rebates)

E-mail _____

Campus (Please no initials) _____

IF JOINING AFTER APRIL 1st

- Enroll in current membership year (ends August 31)
- Enroll in next membership year (Sept. 1 – August 31) – **Early Enrollment***
 - * liability insurance effective immediately; you will receive a welcome letter as proof of insurance.
 - * membership card will be issued in September.

Check all that apply:

Major _____

<input type="checkbox"/> Freshman	<input type="checkbox"/> Senior
<input type="checkbox"/> Sophomore	<input type="checkbox"/> Graduate
<input type="checkbox"/> Junior	<input type="checkbox"/> Credential
<input type="checkbox"/> Other _____	

Credential Candidacy Multiple Subject Single Subject Other _____

Gender Female Male

Ethnicity American Indian/Alaska Native Asian/Pacific Islander African American
 Hispanic/Latino Caucasian Other _____

Unified Dues NEA + CTA + SCTA = \$30.00	
Association	Annual Payment
National Education Association	\$15.00
California Teachers Association	\$10.00
Student CTA	\$ 5.00
TOTAL Unified Dues Paid	\$30.00

Signature

Date

Please send payment (check, money order or cash) with application for processing