



CALIFORNIA
TEACHERS
ASSOCIATION



NATIONAL
FEDERATION
ASSOCIATION

MEMBERSHIP COMMITMENT CARD

Your Voice. Our Union. Our Future.

Individual Information

CTA ID: _____

Name: _____

Home Address: _____

Home Phone: _____

Home Email: _____

Membership Information

Local Name: EVERGREEN TCHRS ASSN

Employer Name: EVERGREEN ELEMENTARY

Work Location: _____

Membership Authorization

YES, I want to join with my fellow employees and be a committed member of the Chapter, the California Teachers Association (CTA), and the National Education Association (NEA). I hereby confirm 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 authorize the Chapter/CTA/NEA to act 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 Chapter, 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 Chapter, 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.

Signature: _____

Date: _____

PLEASE RETURN THIS FORM TO CTA MEMBERSHIP:

P.O. Box 4178, Burlingame, CA 94011

email: membership@cta.org | fax: (650)552-5061

For Office Use Only:

Received Date: _____

Processed Date: _____

Processed By: _____