

**ENROLLMENT FORM**

(5/17)

Please, complete this form and mail with your payment to: **CTA Membership, P.O. Box 4178, Burlingame CA 94011-4178.**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

Year of Retirement \_\_\_\_\_ District Retired From \_\_\_\_\_

**Voluntary Ethnicity ID**

- African Am.     Am. Indian/Alaskan Native     Asian     Caucasian     Hispanic     Multi-Ethnic     Native Hawaiian/Pacific Islander     Other

**Please select your membership and payment option below:**

\$64.80 (\$5.40/month) Annual Dues Deduction from my CalSTRS or CalPERS pension

I authorize the California Retirement System to deduct my CTA/NEA-Retired membership dues from my monthly retirement benefit check. I understand my retirement system will forward such authorized deductions to CTA for processing. If necessary, CTA/NEA-Retired membership dues may be adjusted without further authorization from me and this will remain in effect on a yearly basis, unless it is terminated by me in writing.

**Social Security Number** \_\_\_\_\_ **REQUIRED for CalSTRS/CalPERS** **Date** \_\_\_\_\_

- \$70 - Annual Membership                       \$450 - Lifetime Membership                       \$450 - Pre-retired Membership

I have enclosed a check made payable to: **CTA/NEA-Retired** or

Please charge my credit card \_\_\_\_\_ Exp Date \_\_\_\_\_

**Signature (Required)** \_\_\_\_\_ **Date** \_\_\_\_\_