

CTA/NEA Retired Enrollment Form

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 _____