



# 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 you have been elected to an office in your chapter, please specify:**

President     Vice-President     Secretary     Treasurer     Other \_\_\_\_\_

**Check all that apply:**

New Member     Renewal     Freshman     Senior  
 Sophomore     Graduate  
Major \_\_\_\_\_  Junior     Credential  
 Other \_\_\_\_\_

**Credential Candidacy**     Multiple Subject     Single Subject     Other \_\_\_\_\_

**Will you be a student next year?**     Yes     No     Unknown

**Will you be looking for a teaching position next year?**     Yes     No     Unknown

**Gender**     Female     Male

**Ethnicity**     American Indian/Alaska Native     Asian/Pacific Islander     African American  
 Hispanic/Latino     Caucasian     Other \_\_\_\_\_

Unified Dues SCTA + NEA + Local = \$30.00

Association	Member Code	Annual Payment
NEA Dues	60	\$15.00
SCTA Dues	60	\$10.00
Local Dues	60	\$ 5.00
<b>TOTAL Unified Dues Paid</b>		<b>\$30.00</b>
Pay Method 1		
Category 1		

OFFICE USE ONLY						
05	07	00	071	005		
ST	REG	RRC	CNTY	CHAP	DIST	BLDG

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

For those joining after April 1, membership will run through the following school year.