

CTA/NEA-RETIRED

MEMBERSHIP RENEWAL



MEMBER INFORMATION

UPDATE CONTACT INFORMATION

Member ID

Full Name

Address

Email

Phone

Full Name

Address

Email

Phone

VOLUNTARY ETHNICITY ID

African American American Indian/Alaskan Native Asian Caucasian Hispanic

Multi-Ethnic Native Hawaiian/Pacific Islander Other

SELECT A OPTION BELOW

ONLY OPTION 2 AND 3 REQUIRE A PAYMENT SUBMISSION

OPTION 1 | CalSTRS or CalPRS Pension Deduction - \$5.70 a month (Do not send payment)

Please select one CalSTRS OR CalPERS

I hereby authorize the following California Retirement System to deduct my CTA/NEA-Retired Annual 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 dues may increase or decrease without further authorization from me. This authorization is to remain in effect from year-to-year until revoked or revised by me in writing.

Social Security Number

Last 4 for CalSTRS/Full SSN for CalPERS

Date

D D M M Y Y

OPTION 2 | Annual Membership - \$85 a year

OPTION 3 | Pre-retired/Lifetime Membership - \$600 one time payment

OPTION 4 | NEW! Pre-retired/Lifetime membership Payment Plan - 3 monthly payments of \$200 online only by credit card: <https://retiredenroll.cta.org/Enrollnow.aspx>

PAYMENT INFORMATION

I have included a check payable to [CTA/NEA-Retired](#)

Charge my Credit Card

Card Number

Expiration Date

Signature

Date

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THANK YOU FOR YOUR CONTINUED SUPPORT

Return To:

CALIFORNIA TEACHERS ASSOCIATION | LOCAL ID: RL02
PO BOX 45529
SAN FRANCISCO, CA 94145