

## Your Advocate. Your Partner. Your CTA.

Thank you for choosing a career in education. While it's personally rewarding, it's also professionally demanding. That's why NEA, CTA and your local association will provide you the support you need to be great at what you do. Being a member connects you with other educators. Together, we've been the most powerful voice for students and public education in California since 1863. And together, we still are. **We do this by:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> <b>Negotiating fair salaries, health care and other benefits</b><br><input checked="" type="checkbox"/> <b>Leading student-centered educational improvements</b><br><input checked="" type="checkbox"/> <b>Supporting your professional practice with conferences, workshops, grants and scholarships</b> | <input checked="" type="checkbox"/> <b>Improving learning and working conditions</b><br><input checked="" type="checkbox"/> <b>Enhancing and defending your professional rights</b><br><input checked="" type="checkbox"/> <b>Providing cost-saving benefits designed just for educators</b> |
|---|--|

### PERSONAL INFORMATION

CTA Membership ID or Previous Employer/School District /or previous last name \_\_\_\_\_

(Names must match payroll records, notify SCTA of any future name changes)

First Name \_\_\_\_\_ MI \_\_\_\_\_

Last Name \_\_\_\_\_

Last 4 of SSN \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Land Line \_\_\_\_\_

**Cell Phone\*** \_\_\_\_\_

\* See next page for information

**Home Email** \_\_\_\_\_

\* NO scud emails (personal emails only)

### CTA/ABC & INDEPENDENT EXPENDITURES ALLOCATION (Optional)

Designated portions of CTA dues are allocated to the Association for Better Citizenship (CTA/ABC) and to Independent Expenditures (IE) through which CTA provides financial support for education-related issues (CTA/ABC) and CTA-endorsed bipartisan candidates for local and state offices (CTA/ABC and IE). All members who are U.S. citizens or lawful permanent residents are eligible to contribute to CTA/ABC and IE.

- Please indicate if you choose not to allocate a portion of your CTA dues to the CTA/ABC and the IE account and/or if you are ineligible to do so due to immigration status, and you instead want all those dues to remain in CTA's general fund.

### MEMBERSHIP INFORMATION

 Local Association Sacramento City Teachers Association

 Current Employer/  
School District Sacramento City Unified School District

Hire Date \_\_\_\_\_ Primary Employer? Yes No

If no, list employer \_\_\_\_\_

Job Title \_\_\_\_\_

Building/Work Site \_\_\_\_\_

#### TEACHING ASSIGNMENT INFORMATION AND DUES CATEGORY (Your percentage of full-time)

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Category 1</b><br>61% - 100%     | <input type="checkbox"/> <b>Category 3A</b> Subs & per-diem<br>25% or less are Cat 3A                   |
| <input type="checkbox"/> <b>Category 2A</b><br>33 1/3% - 50% | <input type="checkbox"/> <b>Category 3B</b><br>26% - 33 1/3%  |
| <input type="checkbox"/> <b>Category 2B</b><br>51% - 60%     | <input type="checkbox"/> <b>Category 4</b> Adult Ed Hourly<br><input type="checkbox"/> <b>Associate</b> |

 FOR OFFICE USE ONLY  
ANNUAL DUES AMOUNTS

NEA: \_\_\_\_\_

CTA: \_\_\_\_\_

LEA: \_\_\_\_\_

NEA FUND: \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

#### NEA FUND DEDUCTION AUTHORIZATION (Optional)

I agree to contribute \$\_\_\_\_\_ annually to the NEA Fund. The NEA Fund for Children and Public Education (NEA Fund) collects voluntary contributions from Association members and uses these contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for federal office. \*\* See reverse for more information.

#### CTA VOLUNTARY CONTRIBUTION

All CTA dues include a \$20 voluntary contribution per year to help fund CTA advocacy efforts and fund the CTA Foundation for Teaching and Learning, which provides scholarships to members and supports teacher-led efforts to improve public schools. To opt out of the voluntary contribution, complete a Voluntary Contribution Change Form. Forms are available at [www.cta.org/contribution](http://www.cta.org/contribution), from your local membership contact or via email at [membership@cta.org](mailto:membership@cta.org).

## MEMBERSHIP, DUES PAYMENT AND DUES DEDUCTION AUTHORIZATION

YES, I want to join my fellow employees and become a committed member of the Local Association, the California Teachers Association (CTA), and the National Education Association (NEA). I hereby request 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 support the Local Association in its role 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 Local, CTA, and NEA in consideration for the services they provide; 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 Local, 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 personally sending a signed 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.

I understand that this agreement is voluntary and is not a condition of employment and that I have the legal right not to sign this agreement.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

## DEMOGRAPHIC INFORMATION *(Optional)*

<b>Ethnicity</b>	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<b>Gender</b>	<input type="checkbox"/> Female	<b>Birthdate</b> _____	
	<input type="checkbox"/> American Indian/ Alaska Native	<input type="checkbox"/> Multi-Ethnic		<input type="checkbox"/> Male	(mm/dd/yyyy)	
	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/ Pacific Islander		<input type="checkbox"/> Non-Binary	<b>Social Media Used:</b>	
	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other	<b>unisex</b>		<input type="checkbox"/> Instagram	<input type="checkbox"/> Pinterest
		<input type="checkbox"/> Unknown	<b>t-shirt</b>		<input type="checkbox"/> Facebook	<input type="checkbox"/> Twitter
			<b>size:</b>			

\*\* If different than your legal name(s) on file with payroll, please enter your preferred name(s) below:

Preferred First Name: \_\_\_\_\_

Preferred Last Name: \_\_\_\_\_



\*\*\*\* Return this form to SCTA for processing \*\*\*\*

Scan and email to: [SCTA@SacCityTA.com](mailto:SCTA@SacCityTA.com)  
or send by inter-district mail to: SCTA

(Keep a copy for your records)

## MORE INFORMATION

\*By providing my phone number, I understand that the NEA and its affiliates including CTA, the Local, NEA Member Benefits, and NEA360 may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. NEA and its affiliates will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP in response to an NEA, CTA, or Local text message to stop receiving the association's messages.

\*\*Only U.S. citizens or lawful permanent residents may contribute to the NEA Fund. Contributions to the NEA Fund are voluntary; making a contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. Although the NEA Fund requests an annual contribution of \$50, this is only a suggestion. A member may contribute more or less than the suggested amount, or may contribute nothing at all, without it affecting his or her membership status, rights or benefits in NEA or any of its affiliates. Contributions to the NEA Fund are not deductible as charitable contributions for federal income tax purposes. Federal law requires political committees to report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.