Prior Employer/School District Information (if applicable)

Select the Employer/School District, Local and Work Location where you intend to enroll

Employer/District* [redacted]

Local Association* [redacted]

Work Location [redacted]

Is this your primary employer?

(•) Yes ( ) No

Membership Information

Member Type: Active Member

Approximate First Day of Work* [redacted]

CTA Membership Category* Category 1

CTA MEMBERSHIP CATEGORY DESCRIPTION	CTA MEMBERSHIP CATEGORY
If you are an educator who works **FULL TIME or more than 60%** of a full time assignment. This **does NOT include** pre-school, head start, child care, adult ed or substitute educators whose salary is less than the minimum K-12 educatory salary.	Please select: **CATEGORY 1**
If you are an educator who works **PART-TIME between 33 1/3% - 50%** of a full time assignment.	Please select: **CATEGORY 2A**
If you are an educator who works **PART-TIME between 51% - 60%** of a full time assignment. This **includes** pre-school, head start, child care, adult ed or substitute educators whose salary is less than the minimum K-12 educatory salary.	Please select: **CATEGORY 2B**
If you are an **educator or substitute educator** who works **PART-TIME or 25% or less** of a full time assignment.	Please select: **CATEGORY 3A**
If you are an educator who works **PART-TIME between 25% - 33 1/3%** of a full time assignment.	Please select: **CATEGORY 3B**
If you are an educator who works **PART-TIME or HOURLY** in Adult Ed or a Community College.	Please select:CTA/ABC **CATEGORY 4**

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 the Voluntary Contribution Change Form. Forms are available at www.cta.org/contribution, from your local membership contact or via email at membership@cta.org.

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.

Cancel Back Next

Confirmation

Name: [redacted]

Address: [redacted]

Email: [redacted]

Phone: [redacted]

Member Type: Active Member

Employer/District: [redacted]

Local: [redacted]

CTA Category: Category 1

Membership, Dues Payment and Dues Deduction Authorization

CTA Terms & Conditions of Membership

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 agree to complete this membership enrollment application electronically, through this online digital application form, and agree further that typing my name below constitutes a legal electronic signature evidencing my agreement to and acceptance of these terms and conditions.

I understand that typing my name constitutes a legal electronic signature.

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.

☐ I have read and agree with the CTA Terms & Conditions of Membership*

Type full name
(which constitutes a signature)*

Cancel Back Enroll