

CTA/NEA-Retired Enrollment Form

To join, enclose this form with a check or money order made payable to "CTA/NEA-Retired" and mail to: CTA Membership Accounting, P.O. Box 4178, Burlingame, CA 94011-4178.

Name _____
Last Name First Name Middle Initial

Last four digits of your Social Security Number (Optional) _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Telephone Number () _____ FAX Number () _____

Date Retired _____ District retired or retiring from _____

_____ I am a new member

_____ I am renewing my membership

_____ Annual Dues Payment:
CTA/NEA-Retired \$42

_____ Monthly Deduction from CALSTRS
Pension Check: \$3.50 monthly

_____ Lifetime Dues Payment:
CTA/NEA-Retired \$320

_____ Pre-retired Subscriber:
CTA/NEA-Retired \$320

For those selecting monthly deduction from CALSTRS Pension Check only: I hereby authorize the State Teachers Retirement System to deduct my CTA/NEA Annual Retired membership dues from my monthly retirement benefit check. I understand that CALSTRS will forward such authorized deductions to CTA for processing. If necessary, CTA/NEA-Retired dues may be increased or decreased without additional authorization from me. This authorization is to remain in force from year to year until revoked or revised by me in writing.

Signature _____ Date _____

Social Security Number (Required by CALSTRS) _____