WELCOME TO CTA/NEA-RETIRED

- CTA/NEA-Retired is the ONLY retiree organization affiliated with CTA and NEA.
- CTA/NEA-Retired is a strong voice for education in national, state and local policymaking.
- We complement and support the efforts of our state and national affiliates (CTA and NEA) in opposing attempts to privatize Social Security, defending Defined Benefit Pension Plans (CalSTRS and CalPERS), working to repeal unfair Social Security penalties and advocating for reliable funding for public schools.
- Retired members elect delegates from each region of the state to represent retirees’ special needs on CTA’s governing body, the State Council of Education.
- We’ve successfully lobbied to increase CalSTRS benefits for current members to increase the buying power of retiree pensions and to enhance pension benefits. CTA/NEA-Retired monitors all CalSTRS meetings, presenting views of its members to the CalSTRS Board of Directors. Working with CTA and NEA, our organization maintains an ongoing vigil of state and federal legislation that may affect retirement benefits.

MEMBERSHIP OPTIONS

$5.70 A Month - monthly dues amount of $5.70 automatically deducted from your pension check
$85 Annual Membership - payable by check or credit card
$600 Pre-Retired/Lifetime Membership - one-time payment payable by check or credit card
$200 x 3 Months Pre-Retired/Lifetime Membership - 3 monthly payments payable only online by credit card

YOU CAN JOIN ONLINE AT: www.cta.org/retired

ENROLLMENT FORM

Complete this form and mail with your payment to: CTA Membership, P.O. Box 4178, Burlingame CA 94011-4178.

First Name ___________________________ Middle Initial ___ Last Name ___________________________

Mailing Address _______________________________________________________________________

City ___________________________ State ________ Zip ___________________

Home Phone ___________________________ Mobile Phone _______________________________

Email ________________________________ Year of Retirement ___________________________

District Retired From ___________________________ ___________________________ ___________________________

Voluntary Ethnicity ID

☐ African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Caucasian ☐ Hispanic

☐ Multi-Ethnic ☐ Native Hawaiian/Pacific Islander ☐ Other ___________________________

FEBRUARY 2024
UPON RETIREMENT BY JOINING CTA/NEA-RETIRED, YOU MAY CONTINUE TO PARTICIPATE IN CTA AND NEA MEMBER BENEFITS SUCH AS:

- CTA LEGAL SERVICE
- CTA DISASTER RELIEF FUND
- CTA CREDIT CARD PROGRAM
- CTA GROUP LIFE INSURANCE
- CTA ADVISORY PANEL
- CTA AUTO & HOME INSURANCE
- CTA-RETIRED VDP VISION DISCOUNT PROGRAM
- CTA RETIRED TRUHEARING DISCOUNT PROGRAM
- CTA & NEA CAR RENTAL PROGRAMS
- CTA ACCESS TO SAVINGS
- SUBSCRIPTIONS - California Educator, NEA


ENROLLMENT FORM (Continued)

Please select from the four options below: (Only options 2,3 & 4 require a payment submission)

☐ Option 1: $5.70 a month dues deduction from my CalSTRS or CalPERS pension (Do not send payment)
   I authorize the California Retirement System to deduct my CTA/NEA-Retired 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 membership dues may be adjusted without further authorization from me and this will remain in effect on a yearly basis, unless it is terminated by me in writing. Social Security Number ________________________________ (Last 4 numbers for CalSTRS/Full Social Security for CalPERS)

☐ Option 2: $85 – Annual Membership
   Annual Membership (September 1 through August 31)

☐ Option 3: $600 - Pre-Retired/Lifetime Membership (one time payment)

☐ Option 4: $600 - Pre-Retired/Lifetime Membership (Join online only at www.cta.org/retired for 3 monthly payments - by credit card)

Signature (Required) __________________________________________ Date _________________________

☐ I have enclosed a check made payable to CTA/NEA Retired or

☐ Please charge my credit card ___________________________ Exp Date _________________________