

P.O. Box 921 Burlingame, CA 94011-0921 650/552-5345

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Last 4 Numbers of Social Security No. \_\_\_\_\_  
(Optional – Used for future CTA membership rebates)

E-mail \_\_\_\_\_

College/University (Please no initials) \_\_\_\_\_

**IF JOINING AFTER APRIL 1<sup>st</sup>**

- Enroll in **current** membership year (ends August 31)
- Enroll in **next** membership year (Sept. 1 – August 31) – **Early Enrollment\***
  - \* liability insurance effective immediately; you will receive a welcome letter as proof of insurance.
  - \* membership card will be issued in September.

**Check all that apply:**

- Major \_\_\_\_\_
- Freshman                       Senior
  - Sophomore                       Graduate
  - Junior                               Credential
  - Other \_\_\_\_\_

**Credential Candidacy**     Multiple Subject                       Single Subject                       Other \_\_\_\_\_

**Gender**     Female     Male     Trans Female     Trans Male     Non-Binary

**Ethnicity**     American Indian/Alaska Native     Asian/Pacific Islander     African American  
 Hispanic/Latino                       Caucasian     Other \_\_\_\_\_

|   |                |
|---|----------------|
| Unified Dues NEA + CTA + SCTA = \$30.00 |                |
| Association                             | Annual Payment |
| National Education Association          | \$15.00        |
| California Teachers Association         | \$10.00        |
| Student CTA                             | \$ 5.00        |
| <b>TOTAL Unified Dues Paid</b>          | <b>\$30.00</b> |

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Please send payment (check, money order or cash) with application for processing**