

## **Instructions to fill out Membership Enrollment Form**

1. Leave the dues amounts blank as those will vary depending upon your employment status. However, feel free to fill in voluntary contribution amounts (such as NEA-Fund).
2. **Important:** Please complete form and then print out. Sign & date with a blue or black ink pen. Form must have an ink signature to be accepted. Please do not sign using an electronic signature.

## **Submitting Membership Enrollment Form**

Submit the form by any of the following methods:

- Mail to SOCCCDFA, PO Box 4800, Mission Viejo, CA 92690.
- Use campus mail and send to Jenny Langrell, Membership Chair, at LRC 322, Saddleback College.
- Hand deliver to Jenny Langrell or leave in LRC 322 at Saddleback College.
- Use campus mail and send to Kurt Meyer located in the Liberal Arts building, room LA 217, Irvine Valley College.
- Hand deliver to Kurt Meyer located in the Liberal Arts building, room LA 217, Irvine Valley College.

Questions about the form? Contact Jenny Langrell, Membership Chair, at (949) 582-4453 or email Jenny at [jiangrell@saddleback.edu](mailto:jiangrell@saddleback.edu). (Please put SOCCCDFA Membership in subject line.)

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

### PERSONAL INFORMATION

CTA Membership ID (If Known) \_\_\_\_\_

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

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

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

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

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_

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

 Cell Phone\* \_\_\_\_\_  
*\* See reverse for information*

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

### MEMBERSHIP INFORMATION

Local Association \_\_\_\_\_

Employer/ College District \_\_\_\_\_

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

Additional employer \_\_\_\_\_

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

Campus/ Center \_\_\_\_\_

### FACULTY ASSIGNMENT INFORMATION

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Category 1</b><br>Full-Time | <input type="checkbox"/> <b>Category 4</b><br>Part-Time or Hourly |
|---|---|

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).

### CTA/ABC AND INDEPENDENT EXPENDITURE ALLOCATION AUTHORIZATION (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).

- Please indicate if you choose not to allocate a portion of your dues to the CTA/ABC and the IE account and want all your dues to remain in the general fund.

### 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.

### MEMBERSHIP, DUES PAYMENT AND DUES DEDUCTION AUTHORIZATION

YES, I want to join with my fellow employees and be 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; 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 sending 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.

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

## DEMOGRAPHIC INFORMATION *(Optional)*

### Ethnicity

- |  |   |
|--|---|
| <input type="checkbox"/> African American                  | <input type="checkbox"/> Hispanic                             |
| <input type="checkbox"/> American Indian/<br>Alaska Native | <input type="checkbox"/> Multi-Ethnic                         |
| <input type="checkbox"/> Asian                             | <input type="checkbox"/> Native Hawaiian/<br>Pacific Islander |
| <input type="checkbox"/> Caucasian                         | <input type="checkbox"/> Other                                |
|  | <input type="checkbox"/> Unknown                              |

### Gender

- Female  
 Male  
 Non-Binary

### Birthdate

\_\_\_\_\_ (mm/dd/yyyy)

### Social Media Used:

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Pinterest |
| <input type="checkbox"/> Facebook  | <input type="checkbox"/> Twitter   |

## HOW CAN WE BEST SUPPORT YOU? *(Optional)*

1. Date of Hire? (Year) \_\_\_\_\_

2. What issues are most important to you?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Academic Freedom | <input type="checkbox"/> Office Space & Resources | <input type="checkbox"/> Wages & Benefits |
| <input type="checkbox"/> Campus Safety    | <input type="checkbox"/> Promotion & Tenure       |   |
| <input type="checkbox"/> Job Security     | <input type="checkbox"/> Shared Governance        |   |

3. Our Association works to ensure every school provides students with opportunities to succeed. Which of the following issues are most important to you??

- |  |  |
|--|--|
| <input type="checkbox"/> Social and Racial Justice   | <input type="checkbox"/> Education Policy - <i>policy that impacts your college/university at the local, state or national level</i> |
| <input type="checkbox"/> Economic Justice            | <input type="checkbox"/> Political Advocacy - <i>advocate to ensure that all students get the opportunities they deserve</i>         |
| <input type="checkbox"/> Conditions in the Workplace |  |

4. Our Association advocates for conditions that retain high-quality faculty and staff. Which of the following are you interested in learning about?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Compensations & Contracts | <input type="checkbox"/> Pension & Retirement Benefits | <input type="checkbox"/> Stretching Your Paycheck |
| <input type="checkbox"/> Health Care & Insurance   | <input type="checkbox"/> Student Debt                  |   |

## 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.