



Membership Application

Submit your completed form by emailing a scanned copy to justin.katz@floridaea.org or by mailing a printed copy to the CTA office at 715 Spencer Drive, West Palm Beach, FL 33409.

Name: _____

Employee ID#: _____

Street Address: _____ City: _____ ZIP: _____

Home Phone: (___) _____ Cell Phone: (___) _____ Work Phone: (___) _____

Home E-mail Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Work E-mail: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Full Time Half day / half time School / Work Site: _____ Elementary Middle High Special Other

Signature: _____ Date: _____

Recruiter: _____ Recruiter's School: _____

Current annual dues and assessments are as follows: Local \$252.50, FEA \$228.56, NEA/AFT \$231.36, FL AFL-CIO \$6.00, and FL CLC \$3.60.
Total dues and assessments for current year: \$722.02 or \$32.82 over 22 pay period. (Half-day/half time) \$361.01 or \$16.41 over 22 pay periods.

Payroll Deductions: I authorize my employer to deduct the dues and assessments described above (One \$32.82 payment with final paycheck in June 2020) and as certified by the Association to the School Board with each year thereafter from my salary and direct and authorize my employer to pay such amounts to the Association in accordance with payroll deductions in effect, provided, however I may cancel this authorization by providing written notice to CTA in keeping with provisions of the Collective Bargaining Agreement between my employer and CTA and the policies of CTA.

Find out more about the PBCCTA at www.palmbeachcountyycta.org or email CTA President Katz at justin.katz@floridaea.org.