



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 \$230.14, NEA/AFT \$234.96, FL AFL-CIO \$6.00, and FL CLC \$3.60. Total dues and assessments for current year: \$727.20 or \$33.05 over 22 pay periods. (Half-day/half time) \$363.60 or \$16.52 over 22 pay periods.

Payroll Deduction: I hereby authorize my employer to deduct the bi-weekly dues and assessments starting with the 1st paycheck of the 2020-2021 school year, described above 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. However, I may cancel this authorization at any time by providing written notice to the CTA in keeping with provisions of the Collective Bargaining Agreement between my employer and CTA.

Cash Member: I hereby agree to pay the Association, beginning in the 2020-2021 school year, the dues and assessments described above and as may be prescribed by the Association and certified to the School Board for each year thereafter. Under this payment method, ¼ of the total annual dues and assessments must be received by CTA on or prior to September 1, with the balance due no later than November 1 of any membership year.

2020-2021