

Your Advocate. Your Partner. SAEA Strong!!

Thank you for choosing a career in education. While it's personally rewarding, it's also professionally demanding. That's why NEA, CTA and Santa Ana Educators' Association (SAEA) 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"/> Negotiating fair salaries, health care and other benefits | <input checked="" type="checkbox"/> Improving learning and working conditions |
| <input checked="" type="checkbox"/> Leading student-centered educational improvements | <input checked="" type="checkbox"/> Enhancing and defending your professional rights |
| <input checked="" type="checkbox"/> Supporting your professional practice with conferences, workshops, grants and scholarships | <input checked="" type="checkbox"/> Providing cost-saving benefits designed just for educators |

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* _____

*

Home Email _____

MEMBERSHIP INFORMATION

 Local Association **Santa Ana Educators' Association (SAEA)**

 Employer/
School District Santa Ana Unified School District

 Hire Date _____ Primary Employer? Yes No

If no, list employer _____

Job Title _____

 Building/
Work Site _____

TEACHING ASSIGNMENT INFORMATION

- | | | |
|--|--|---|
| <input type="checkbox"/> Category 1
61% - 100% | <input type="checkbox"/> Category 2A
33 1/3% - 50% | <input type="checkbox"/> Category 2B
51% - 60% |
| <input type="checkbox"/> Category 3A
25% or less | <input type="checkbox"/> Category 3B
26%- 33 1/3% | <input type="checkbox"/> Category 4
Adult Ed 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, from your local membership contact or via email at 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 Santa Ana Educators' Association (SAEA), 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 _____