



**ST. LUCIE COUNTY CLASSROOM TEACHERS  
ASSOCIATION AND CLASSIFIED UNIT  
MEMBERSHIP FORM**

**NAME:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(PLEASE PRINT)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Teacher** \$23.26 pay period \$558.24 per year  **Classified Unit** \$11.71 pay period \$281.04 per year

**Worksite:** \_\_\_\_\_ **Work Phone Number:** \_\_\_\_\_

**School Email:** \_\_\_\_\_ **Home Email:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Registered Voter** \_\_\_\_ yes \_\_\_\_ no **Party** \_\_\_\_\_

**Please send me an application to join TIGER/C.O.P.E.**

**\*\*NO UNION REPRESENTATION IS PROVIDED FOR INCIDENTS/ACTIONS THAT OCCUR PRIOR TO MEMBERSHIP IN THE CTA/CU.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Recruiter

I hereby authorize you, according to the contract agreed upon with the St. Lucie County Classroom Teachers Association/Classified Unit, to deduct the equal amounts as determined by the Association from each remaining payroll check. I am to receive and to transmit these deductions to the said Association. I understand that the amount deducted from each check will be the same unless changed by the Association as agreed to its contract. I hereby waive all rights and claims to said monies and relieve the School Board and all its employees from any liability therefore. I further understand that such deductions are continuous and that I may cancel the deduction ONLY after giving thirty (30) days written notice on an official cancellation form to the Association.

We are Local # 3616. Our affiliations are with the Florida Education Association (FEA), the American Federation of Teachers (AFT), the National Education Association (NEA), and the AFL-CIO.

**Fill out completely and return to the CTA/CU office**

**Revised 07/28/2008**