



**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 \$23.64 pay period \$567.24 per year **Classified Unit \$11.93 pay period \$286.14 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 08/11/2009