

The choice is yours.

Complete All Fields (Please Print)

Name _____ Individual ID (From membership card or Educator label) _____

Street Address _____

City _____ State _____ Zip _____

Local Association (do not abbreviate) _____

Alternative Contribution Options (circle one)

\$20
to CTA Advocacy
Efforts

\$20
to the CTA Founda-
tion for Teaching
and Learning

\$15
to CTA Advocacy
Efforts and \$5
refund

\$5
to the CTA Founda-
tion for Teaching
and Learning and
\$15 refund

\$20
Refund

Signature _____

Date _____

Mail to:

California Teachers Association
Contribution Change
PO Box 4178
Burlingame, CA 94011-4178

Requests for refunds received after the 1st of the month will be processed the following month. Requests for refunds or redirection must be received by Nov. 1st for continuous enrollment members. New enrollment members have 30 days from enrollment to request refund or redirection of contribution. Incomplete or late submissions will not be accepted. We are not responsible for lost or redirected mail and illegible entries.

Please keep a copy of this document for future reference.