

# REACTA

## RETIRED EMPLOYEES ASSOCIATION OF THE CALIFORNIA TEACHERS ASSOCIATION

### Stay Connected – Be Informed

### Membership Enrollment Form

PLEASE CHECK BOX NEXT TO ANY PERSONAL INFORMATION YOU DO NOT WANT INCLUDED IN THE REACTA DIRECTORY

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

*Please send newsletters/communications via email* Yes  No

Telephone: \_\_\_\_\_  Cell phone: \_\_\_\_\_

Years with CTA and/or Affiliates: \_\_\_\_\_ Year Retired: \_\_\_\_\_

Region: \_\_\_\_\_ Location of Office Retired from: \_\_\_\_\_

Position Title at Time of Retirement: \_\_\_\_\_

**Please Check the appropriate box:**

- |                                       |                                      |   |
|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> CAS          | <input type="checkbox"/> CSO         | <input type="checkbox"/> Management     |
| <input type="checkbox"/> Confidential | <input type="checkbox"/> Supervisory | <input type="checkbox"/> CTA Leadership |

OR I am the:

- Spouse/Domestic Partner of a CTA Retiree  
 Spouse/Domestic Partner of Deceased CTA Retiree  
 Divorced Spouse/Domestic Partner of a CTA Retiree

Mail this form with a signed *Pension Deduction Authorization Form* to:

Felice Strauss, REACTA Treasurer  
2049 National Ave, Costa Mesa CA 92627

See other side for more Dues Information and For the *Pension Authorization Form*

**REACTA Annual Dues Amounts:**

*Management, CSO, Supervisory, or Leadership ...\$60*

*CAS or Confidential ...\$30*

*Retiree's Spouse or Domestic Partner ... \$15*

*Spouse/Domestic Partner of Deceased CTA Retiree ... \$0*

To pay dues by having the appropriate amount deducted from your monthly CTA Employees' Retirement Benefits Plan check, please fill out and sign the Deduction Authorization below and return the completed form.

**MONTHLY Deduction from CTA Employees' Retirement Benefits Check**  
(Please check appropriate amount)

- \_\_\_\_\_ \$3.75 Retired CAS or Confidential, including Spouse/Domestic Partner (Recommended)
- \_\_\_\_\_ \$2.50 Retired CAS or Confidential Only
- \_\_\_\_\_ \$6.25 Retired Management, CSO, Supervisory or Leadership, including Spouse/Domestic Partner (Recommended)
- \_\_\_\_\_ \$5.00 Management, CSO, Supervisory, or Leadership Only
- \_\_\_\_\_ \$1.25 CTA Retiree's Spouse or Domestic Partner

Name of Spouse/Domestic Partner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

\_\_\_\_\_ **Signed Deduction Authorization enclosed for myself (and spouse/domestic partner if applicable)**

**DEDUCTION AUTHORIZATION**

I hereby authorize and direct the CTA Employees' Retirement Benefit Plan (herein "PLAN") and its agents, BeneSys Administrators, to deduct from regular monthly pension payments due to me the regular monthly dues, fees, and assessments of the Retired Employees Association of the California Teachers Association, or any successor organization (herein "REACTA"), in such amount as may be established from time to time by REACTA and communicated by REACTA to PLAN or MBA. The amount so deducted shall be transmitted to REACTA. This authorization remains in force from year to year until revoked or revised by me in writing.

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Social Security Number (last 4 digits only)**