

REACTA

RETIRED EMPLOYEES ASSOCIATION OF THE
CALIFORNIA TEACHERS ASSOCIATION

Membership Enrollment/Renewal & Member Data for Directory

RENEWING MEMBERSHIP REQUIRES ONLY YOUR NAME AND ANY CHANGE OF INFORMATION

**NEW ENROLLEES 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

Date: _____

Mail this form with a signed *Payroll Deduction Authorization* form (see back)
to:

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

Please turn over for more Dues Information and For the *Payroll 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)

- \$2.50** Associate and Confidential Staff
- \$1.25** CTA Retiree's Spouse or Domestic Partner
- \$5.00** Management, CSO, Supervisory, or Leadership

Signed Deduction Authorization enclosed

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

Last 4 digits of Social Security Number