

Social Sec. No. [] - [] - [] Home Phone [] - [] - []

Optional

[illegible][illegible]

															CA			
City															State	Zip		

Local Name _____ District Name _____

The California Teachers Association Disaster Relief Fund is a non-profit charitable fund founded by teachers to help teachers. The fund is endowed to provide financial assistance, in the form of grants and loans, to CTA members who have experienced significant losses due to disasters in California. Your tax-deductible contribution to the CTA Disaster Relief Fund will make you a part of a long tradition of teachers helping teachers and will also help ensure these programs for your future.

In addition to the payroll authorization which I have already authorized for my membership dues in the local CTA/NEA chapter, in CTA and in NEA, I direct my employer to deduct from regular contract salary warrants due me, monthly payments to cover the contributions I have entered above. The amount so deducted shall be transmitted to the California Teachers Association or its designated agent. This is to remain in force from year to year or until revoked or revised by me in writing.

THIS FORM MUST BE SIGNED AND DATED BY THE CONTRIBUTOR

Members Signature _____

Date _____

White Copy - CTA

Yellow Copy - District

Pink Copy - Chapter

Goldenrod - Member

Local ID			
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Employer ID

Fund ID

[illegible]

**CALIFORNIA
TEACHERS
ASSOCIATION**

**GLBT SAFETY IN SCHOOLS
GRANT AND SCHOLARSHIP PROGRAM
PAYROLL AUTHORIZATION OR CASH CONTRIBUTION**

nea NATIONAL
EDUCATION
ASSOCIATION

[illegible]

MI

[illegible]

Individual ID (From Membership Card)

Local Name _____ (Do Not Abbreviate)

District/Employer _____

GLBT Safety in Schools Contribution (suggested annual contribution \$20.00)	
Annual Payroll Contribution	.
Revised Total Annual Contribution (changes only)	.
Cash Contribution Attached	.

The California Teachers Association GLBT Safety in Schools Grant and Scholarship program was created to promote human and civil rights by making our public schools safe for gay, lesbian, bisexual and transgender persons. The scholarship program will support members enrolled in a teacher/counseling credential program who are pursuing a career in public education. The grant program will support projects and presentations that promote understanding and respect of GLBT persons.

In addition to the payroll authorization which I have already authorized for my membership dues in the Local, in CTA and in NEA, I direct my employer to deduct from regular contract salary warrants due me, monthly payments to cover the contributions I have entered above. The amount so deducted shall be transmitted to the California Teachers Association or its designated agent. This is to remain in force from year to year or until revoked or revised by me in writing.

THIS FORM MUST BE SIGNED AND DATED BY THE CONTRIBUTOR

Members Signature _____

Date _____

White Copy - CTA

Yellow Copy - District

Pink Copy - Chapter

Goldenrod - Member

Local ID				
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Employer ID							
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Fund ID | | |

Amt.					
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