



# 2018-19 MEMBERSHIP APPLICATION

## MEMBER INFORMATION

Mr.  Ms. Name \_\_\_\_\_

Birth Year \_\_\_\_\_ Phone No. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Email \_\_\_\_\_

School District \_\_\_\_\_ Campus \_\_\_\_\_

Preferred Contact Method  Email  Phone  Text

Position Held  Coach  Counselor  Diagnostician  Librarian  Nurse  
 Speech Pathologist  Teacher  Other \_\_\_\_\_

Grade Level  EC  EL  MID  HS

Ethnicity  Anglo  Black  Hispanic  Asian  Other \_\_\_\_\_

## MEMBERSHIP CATEGORY

(See reverse side for eligibility criteria)

Active \$175

First-Time Active \$110

Associate \$85

Retired \$15  
(no professional liability insurance)

Local Affiliate Dues \$ \_\_\_\_\_  
(if applicable)

ACT For TCTA \$ 5.00  
(recommended)

**TOTAL DUE \$ \_\_\_\_\_**

## METHOD OF PAYMENT

Visa/MasterCard/Discover/American Express

Credit Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVC/Security Code \_\_\_\_\_ Amount \$ \_\_\_\_\_

Signature \_\_\_\_\_

Check or Money Order

Check Number \_\_\_\_\_ Check Amount \$ \_\_\_\_\_

Payroll Deduction\* (Complete the right column of this section.)

Please see reverse for important information regarding payroll deduction. If required payments are not received, membership benefits, including professional liability insurance and legal representation will not be in effect. \*NOTE: If payroll deduction is not available, we will contact you with other payment options.

## PAYROLL DEDUCTION AUTHORIZATION

(Complete only if payroll deducting.)

I authorize the \_\_\_\_\_ school district to deduct the total amount of \$ \_\_\_\_\_ (total from the white box above) in \_\_\_\_\_ equal payments to the Texas Classroom Teachers Association, including any local affiliate dues as indicated above.

This authorization will remain in effect annually, in the amount indicated by the Association, including any increase, until I request in writing that the deductions cease. I further authorize any unpaid balance to be deducted from my final paycheck.

SUBMIT THIS FORM TO YOUR BUSINESS OFFICE.

**Your authorization form must be signed and dated, and it must clearly indicate the total amount to be deducted.**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Employee ID Number \_\_\_\_\_

Date \_\_\_\_\_

\$5 of each member's annual dues is allocated for a subscription to *The Classroom Teacher* magazine.

Check here if you prefer to receive the magazine online. This will not affect the amount of your dues.

I wish to cancel payroll deduction of membership dues for:

ATPE  TX-AFT  TSTA  UEA

**TAKE 2, MAKE \$25:**

Failure to make membership payments when due or joining in the wrong category will result in a loss or denial of membership benefits.

Please submit a copy of this authorization to your district's business office, and submit a copy to TCTA.



The coverage included with membership for Active, Associate and Student members is provided by a wholly owned subsidiary of Nationwide® with an A.M. Best Rating of A+XV (superior). The coverage is provided through a purchasing group, and the insurer may not be subject to all insurance laws and regulations of the state.

TEXAS CLASSROOM TEACHERS ASSOCIATION

PO Box 1489 | Austin, TX 78767 | tcta.org  
888-879-8282 | Fax 512-322-0523

JOIN AND RENEW ONLINE AT TCTA.ORG

## MEMBERSHIP CATEGORIES

### ACTIVE \$175

Open to a public school employee who is employed as a classroom teacher, counselor, librarian, diagnostician, speech pathologist, social worker, school nurse, athletic trainer, coach, or other nonsupervisory professional whose position does not require an administrative certificate; or anyone who holds a bachelor's degree, is pursuing teacher certification, and is a salaried teacher in a Texas public school.

Eligibility requires direct involvement in the instruction of students and regular employment in a Texas public school or in a state-supported institution of higher learning in Texas.

### FIRST-TIME TCTA ACTIVE \$110

Open to an individual eligible for Active membership who is joining TCTA for the first time.

### ASSOCIATE \$85

Open to a substitute teacher, teacher's aide, educational secretary or paraprofessional employed by a public school district.

### RETIRED \$15 (Does not include professional liability insurance)

Open to a retired public school employee whose former position qualifies him or her for TCTA membership and who is no longer employed by a public school district in any capacity.

*You must be eligible for TCTA membership and join in the appropriate membership category to receive benefits.*

## PROFESSIONAL LIABILITY INSURANCE

TCTA members (other than retired members) are covered by up to \$8 million in professional liability insurance with \$2 million for civil rights coverage.

The policy period begins on August 1 of the current year or upon the effective date of membership, whichever is later, and continues until the following July 31 unless the membership is terminated prior to that date. As with comparable policies, the coverage is for lawsuits against an insured member in a covered employment-related civil suit not arising from criminal conduct. Coverage for attorney fees in criminal cases is limited to \$15,000, except in cases involving sexual indecency with a child, which are limited to \$10,000. The policy covers up to \$5,000 for bail bonds. All coverage is subject to the terms of the policy.

### LOCAL AFFILIATES

You may be required to pay local affiliate dues if you are employed in a school district with a TCTA local affiliate. **YOU MAY JOIN TCTA AND RECEIVE FULL BENEFITS EVEN IF THERE IS NOT A LOCAL AFFILIATE IN YOUR SCHOOL DISTRICT.**

### ACT FOR TCTA

ACT For TCTA is the political action committee for the Texas Classroom Teachers Association. The fund is supported through voluntary contributions. Through ACT, TCTA members can combine forces to make significant political contributions to education-friendly candidates for legislative and state-level offices in Texas. Every donation counts! ACT For TCTA is a well-respected force in Texas election campaigns.

### EFFECTIVE DATE OF COVERAGE

Legal services, as determined appropriate by the legal staff, are available only to members regarding employment-related matters arising after the effective date of membership. Your membership and professional liability insurance coverage become effective when your completed membership application and full payment, or a signed payroll deduction authorization and required payments, are received at TCTA Headquarters.

### PAYROLL DEDUCTION

If you choose to pay your TCTA membership fee through payroll deduction, you must sign the payroll deduction authorization form and send it to TCTA Headquarters. This authorization must indicate the total amount to be deducted and the number of payments.

Your membership benefits and professional liability insurance coverage will not be in effect unless we receive the signed authorization and the appropriate payment from the school district on your behalf. If you leave the school district or discontinue the payroll deductions before the total amount owed is paid in full, **ALL BENEFITS WILL CEASE.**

### TAKE 2, MAKE \$25

This is a financial incentive program that pays an eligible member \$25 for every two brand-new Active-level members recruited. The recruiting member must put his/her membership number in the blue-outlined box marked **Take 2, Make \$25** on each form submitted. For more information on this program, visit [tcta.org/take2](http://tcta.org/take2).

### FEDERAL INCOME TAX STATUS

Dues, donations or gifts to TCTA are not tax-deductible as charitable contributions; however, up to 85 percent of your dues may be deductible as ordinary business expenses.

**TCTA has been proudly serving teachers for more than 90 years!**