



North Carolina Association of Teacher Assistants

2012 Membership Enrollment

Please PRINT clearly!

FIRST NAME		M.I.	LAST NAME	
ADDRESS			LAST 4 DIGITS SSN	
CITY		STATE	ZIP	DATE OF BIRTH
HOME PHONE		CELL PHONE		
<input type="checkbox"/> WORK E-MAIL		<input type="checkbox"/> HOME E-MAIL		

PLEASE CHECK THE EMAIL ADDRESS YOU'D LIKE US TO USE AS OUR PRIMARY WAY TO COMMUNICATE WITH YOU.

SCHOOL NAME		SCHOOL SYSTEM/COUNTY	
LEVEL <input type="checkbox"/> Kindergarten/Preschool <input type="checkbox"/> Elementary <input type="checkbox"/> Middle/Junior <input type="checkbox"/> High School <input type="checkbox"/> Other _____	POSITION - Select all that apply <input type="checkbox"/> Classroom <input type="checkbox"/> Exceptional Children <input type="checkbox"/> Technology/Media <input type="checkbox"/> Clerical <input type="checkbox"/> Other _____	MEMBERSHIP STATUS (Check One): <input type="checkbox"/> NEW (I have never been a member or have not joined in several years) <input type="checkbox"/> RENEWAL (I was a member during 2011)	

ANNUAL DUES – SELECT ONE:	COST
<input type="checkbox"/> Regular (Teacher Assistant actively employed by the public schools of North Carolina)	\$40.00
<input type="checkbox"/> Associate (retired & former Teacher Assistants, superintendents, principals, administrators, family, friends and advocates)	\$20.00
<input type="checkbox"/> Late Fee: Membership payment is due December 31, 2011. Please add late fee if dues are postmarked AFTER 12/31/2011.	\$5.00
<i>NOTE: Please do NOT include local association dues. NCATA does not accept local dues.</i>	TOTAL FEES

PAYMENT OPTIONS - SELECT ONE

FULL ANNUAL PAYMENT - Please indicate payment choice:

- Check/money order enclosed** (Please make check payable to NCATA.)
When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check. Membership paid by personal check is valid contingent upon bank's acceptance. **There is a \$25.00 service charge for all returned checks.**
- Visa, Master Card, or AmEx #:** _____ Exp. Date: _____

PAYROLL DEDUCTION/DUES AUTHORIZATION (Only available to you [if offered by your school system](#)).

Select one: **Two (2) Equal Payments of \$20** **One (1) Payment of \$40**

The undersigned authorizes _____ School System to deduct dues for the North Carolina Association of Teacher Assistants (NCATA) from his/her monthly paycheck in the manner selected above. This authorization will remain in effect until the school system is notified in writing by the undersigned (the member) that it is to be ended. NCATA will provide notification about changes in annual dues amounts.

IMPORTANT: You must send this form to both your school system and NCATA, since YOU are responsible for starting and stopping any payroll deduction. Each school system has different requirements for payroll deduction and not every school system participates. Contact the payroll department of your school system if you have any questions about your participation in a payroll deduction program. NCATA is NOT responsible for non-, partial, or duplicate dues payment via this method. NCATA **cannot authorize nor stop** dues authorization.

I hereby authorize the selected payment method as indicated above.

Signature: _____ Date: _____

Tax Deduction Information: Contributions or gifts to NCATA are not deductible as charitable contributions for federal income tax purposes. A portion of dues payment are deductible by members as an ordinary and necessary business expense. The non-deductible portion of the dues is the percentage paid by the association for the purpose of engaging in lobbying. The 2011-2012 non-deductible portion of your dues equals 10%.

Mail Completed Form & Payment no later than December 31, 2011 to: NCATA • Member Service Center • PO Box 893, Lewisville, NC 27023-0893 You can also join online! Visit www.teacherassistants.org today! For more information: Call Toll-Free (800) 979-2077 • FAX: (336) 218-6338 **NCATA Membership dues are NOT refundable.**	RECRUITED BY (FOR NEW MEMBERS ONLY): _____
	FOR OFFICE USE ONLY CHECK #: _____ AMOUNT: _____