



North Carolina Association of Teacher Assistants 2019 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	
PREFERRED E-MAIL		E-MAIL (other)	

EMAIL IS OUR PRIMARY WAY TO COMMUNICATE WITH YOU – PLEASE MAKE CERTAIN YOUR EMAIL ADDRESS IS CORRECT!

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"/> Bus driver <input type="checkbox"/> Other _____	MEMBERSHIP STATUS (Check One): <input type="checkbox"/> NEW (I have never been a member/not joined in several years) <input type="checkbox"/> RENEWAL (I was a member during 2018)

ANNUAL DUES – SELECT ONE:	COST
<input type="checkbox"/> Regular (Teacher Assistant actively employed by the public schools of North Carolina)	\$45.00
<input type="checkbox"/> Associate (retired & former Teacher Assistants, superintendents, principals, administrators, family, friends and advocates)	\$25.00
<input type="checkbox"/> Late Fee: Membership payment is due December 31, 2018. Please add late fee if dues are postmarked AFTER 12/31/2018.	\$5.00
NOTE: Please do NOT include local association dues. NCATA does not accept local dues.	TOTAL

PAYMENT OPTIONS FOR REGULAR MEMBERS ONLY: SELECT ONE

FULL ANNUAL PAYMENT Check #: _____ Date mailed: _____
Check/money order enclosed (Please make check payable to NCATA.)

TWO EQUAL PAYMENTS OVER TWO CONSECUTIVE MONTHS (2 payments \$22.50 each for REGULAR MEMBERS ONLY.)
Check/money order enclosed for first month (Please make payable to NCATA.) **Please mail second payment promptly the following month.**

****Indicate months of first and second payments:**
 1st Payment Month: _____ Check #: _____ Date mailed: _____
 2nd Payment Month: _____ Check #: _____ Date mailed: _____

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 \$10.00 service charge for all returned checks.

FULL MEMBERSHIP PAYMENT is due to NCATA no later than December 31, 2018.
We advise you to mail your dues directly to us at the address below with this form, or to pay online.
PDP application fees are separate from membership dues.

Tax Deduction Information: Contributions or gifts to NCATA are not deductible as charitable contributions for federal income tax purposes. A portion of dues payment is 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 2018-2019 the non-deductible portion of your dues equals 10%.

Mail Completed Form & Payment <u>no later than December 31, 2018</u> to: NCATA • PO Box 334 • Welcome, NC 27374	RECRUITED BY (FOR NEW MEMBERS ONLY): _____
You can also join online! Visit www.teacherassistants.org today! Toll-Free and Fax number (800) 979-2077 • NCATA Membership dues are NON-refundable.	FOR OFFICE USE ONLY, Rec'd by: _____
	CHECK(S) #: _____ AMOUNT: _____