

Last Name

First Name

Middle Initial



## HILLSBOROUGH CLASSROOM TEACHERS ASSOCIATION, INC. PAYROLL DEDUCTION ENROLLMENT CARD

I authorize and request the School Board of Hillsborough County to deduct Hillsborough Classroom Teachers Association dues and assessments from my bi-weekly pay, and to transmit the deducted amounts to the Association office. I understand the School Board will discontinue dues deduction upon 30 days' written notification to the Association and Board. I understand that dues, assessments, contributions or gifts to the Hillsborough Classroom Teachers Association are not tax deductible as charitable contributions for federal income tax purposes although a portion of the dues may be tax deductible under other provisions of the Internal Revenue Code.

S.S.# or Lawson # \_\_\_\_\_

Teacher       Paraprofessional       Clerical

Name \_\_\_\_\_

Work Location \_\_\_\_\_

Home Address \_\_\_\_\_

Signature \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Date \_\_\_\_\_

Home E-Mail \_\_\_\_\_

Association Rep/Recruiter \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Affiliated with FEA, NEA, AFT, AFL-CIO**

**CTA, Rt. #1**

**DROP IN SCHOOL MAIL**