



Mail-In Membership Application

Name:	
Address:	
Phone:	
Personal Email:	
School Email:	
School System:	
School Name:	
Position:	
Referred By:	
Membership Type:	<input type="checkbox"/> Basic \$180
	<input type="checkbox"/> First Year \$80
	<input type="checkbox"/> Student \$30
	<input type="checkbox"/> Retired \$30
Payment Method:	<input type="checkbox"/> Check or Money Order
	<input type="checkbox"/> Bank Draft (Include Bank Draft form and voided check)

Send this completed form and supporting to:

Classroom Teachers Association of NC
 1811 Sardis Road North, Suite 207
 Charlotte, NC 28270