

CALIFORNIA AGRICULTURAL TEACHERS' ASSOCIATION MEMBERSHIP APPLICATION

NAME: _____
Last, First, MI

HOME ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE NUMBER: _____ CELL: _____

WORK NUMBER: _____ FAX: _____

E-MAIL ADDRESS: _____

CATA REGION: _____ CATA SECTION: _____ SCHOOL: _____

CATA has my permission to distribute my home address and telephone number to other ag teachers. Yes _____ No _____ Signature: _____

Regular Dues - \$140	_____
Ag Teachers less than ½ time (FTE) - \$70	_____
Installment Billing – at least \$26*	_____
Associate - \$15	_____
New Teacher - \$70	_____
Life Membership - \$1,400.00	_____
Optional - ACTE Dues - \$80	_____
Optional - NAAE Dues - \$60	_____
SUB TOTAL DUES	_____
Optional - Contribution to CATA Scholarship Fund	_____
\$10 _____ \$25 _____ \$50 _____ \$100 _____ Other _____	_____
TOTAL (Please make check payable to CATA.)	_____

Important Tax Notice to CATA Members

Contributions or gifts to CATA are not deductible as charitable contributions for income tax purposes. However, CATA dues may be tax deductible as an ordinary and necessary business expense. Please consult your tax advisor.

Charge my dues to: VISA _____ Master Card _____

Card # _____ Expiration Date _____ CVS _____

Signature: _____

Installment dues are \$140 + service charge of \$16 = Total \$ 156
Installment dues for New Teachers are \$70 + service charge of \$8 = Total \$ 78

Service charge is for Installment Dues ONLY

Please note that members electing to pay monthly are agreeing to pay the full amount whether or not they decide to pay off their dues early.

Signature: _____

Mail to: California Agricultural Teachers' Assn.	Receipt No. _____
P.O. Box 186	Member Card No. _____
Galt, CA 95632-0186	