

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.

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**

**DROP IN SCHOOL MAIL CTA, Rt. # 1**

**Opt-In to receive text messages**