

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 biweekly 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.# _____ Phone# _____ Teacher _____ Paraprofessional _____ Clerical _____

Name _____ Work Location _____

Home Address _____ Signature _____

City _____ Zip _____ Date _____

E-Mail Address _____ Association Representative _____

DROP IN U.S. MAIL-DO NOT USE SCHOOL MAIL

FTP-NEA AFFILIATE