

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.# _____ Phone# _____ Teacher Paraprofessional Clerical

Name _____ Work Location _____

Home Address _____ Signature _____

City _____ Zip _____ Date _____

E-Mail Address _____ Association Rep/Recruiter _____

**DROP IN SCHOOL MAIL
Hillsborough CTA, Route 1**

Affiliated with FEA, NEA, AFT, AFL-CIO

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