



# Membership Application

Step 1 of 2

Submit your preliminary membership application (Step 1 of 2) by emailing a scanned copy or screenshot to President Mazur at [Scott.Mazur@floridaea.org](mailto:Scott.Mazur@floridaea.org) or by mailing a printed copy to LCTA at 2655 Capital Circle NE, STE 8, 32308.

Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Personal Email: \_\_\_\_\_

School Email: \_\_\_\_\_@leonschools.net

Full-Time  Part-Time School/Work Site: \_\_\_\_\_  Elementary  Middle  High  Other

Recruiter: \_\_\_\_\_ Recruiter's School: \_\_\_\_\_

Current annual dues/assessments are as follows: Local LCTA \$139.35, Service Unit \$160, State FEA \$233.79, National NEA/AFT \$242.16, FL AFL-CIO \$6.00, & FL CLC \$3.60. Total dues/assessments for the 2023-2024 school year: Full-Time = \$784.90 (\$65.41 over 12 montly payments). Part-Time = \$397.26 (\$33.11 over 12 monthly payments.) Part-Time employees work less than 18.5 hours per week.

**eDues/ACH Bank Draft:** I request to pay my Union dues/assessments in the form of monthly ACH bank drafts starting with the 1<sup>st</sup> pay cycle following submission of this application and completion of my eDues signup. **(LCTA will reach out to communicate Step 2 of the eDues signup process upon receipt of this membership application form.)** Dues/assessments occur during the regular (12) school year pay cycles. Current annual dues/assessments are outlined above. I understand that I have the right to cancel this authorization at any time by providing written notice to the LCTA.

**Check/Credit Card:** I request to pay my Union dues/assessments via check/credit card for the 2023-2024 school year following the submission of this application. The check/credit card option requires all dues for the year that are owed to be paid in one lump-sum at the time of joining. **(LCTA will reach out to communicate Step 2 of the check/credit card payment process upon receipt of this membership application form.)** Total dues/assessments owed for the year will be on a prorated basis, based on my join date with CTA. Current annual dues/assessments are outlined above in this document. I understand that I have the right to cancel this authorization at any time by providing written notice to the CTA.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Find out more about LCTA at [www.leonteachers.org](http://www.leonteachers.org) or by emailing LCTA President Mazur at [Scott.Mazur@floridaea.org](mailto:Scott.Mazur@floridaea.org).