### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RECRUITED BY: DATE RECRUITED

### JCTA MEMBERSHIP ENROLLMENT FORM *I want to become a member of the Jefferson County Teachers Association:*

|  |
| --- |
| Full Name: |

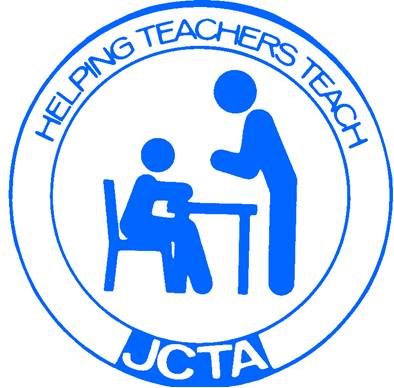
|  |  |
| --- | --- |
| **School/Location:** | **School/Location Number:** |

|  |  |
| --- | --- |
| **Last four digits of SSN**  ***OR* JCPS Employee ID** |  |
| **Date of Birth** | (mm/dd/yyyy) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Home Address:** | | | |
| **City:** | **State:** | | **Zip Code:** |
| **Home Number:** | | **Cell Number:** | |
| **Home Email Address:** | | | |

For Office Use Only:

|  |  |
| --- | --- |
| **Signature:** | **Today’s Date:** |

  
  
 Affiliated with  
National Education Association Kentucky Education Association