### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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