

MEMBERSHIP APPLICATION

Keystone Teachers Association P.O. Box 548 Camp Hill, PA 17001

Professional Membership	INDICATE MEMBERSHIP TYPE	
First Name Last Name Address 1 Address 2 City Credit or Debit Credit and Debit card holders may pay in full, or allow for monthly withdrawals through May. *Memberships for the 2023-2024 school year begin August 1. Memberships received after November 30 are prorated but will include a \$30 processing fee. EMPLOYMENT School District School Name Subject(s)	□ Substitute/Part-Time/Support Staff Membership\$240.00 □ Retired & Teaching Membership\$50.00 □ Associate Membership*\$50.00	☐ Literature ☐ Website ☐ Other
Address 1 Address 2 City State Zip Code Birth Date Phone Email (Personal) Email (Personal) EMPLOYMENT School District School Name Subject(s) Cash or Check Credit and Debit card holders may pay in full, or allow for monthly withdrawals through May. *Memberships for the 2023-2024 school year begin August 1. Memberships received after November 30 are prorated but will include a \$30 processing fee. I wish to pay in full or Please put me on the monthly payment plan.	PERSONAL INFORMATION	
Last Name Address 1 Address 2 City State Zip Code Birth Date Phone Email (Personal) EMPLOYMENT School District School Name Subject(s) Cash or Check Credit amount enclosed is \$ Credit and Debit card holders may pay in full, or allow for monthly withdrawals through May. *Memberships for the 2023-2024 school year begin August 1. Memberships received after November 30 are prorated but will include a \$30 processing fee. I wish to pay in full or Please put me on the monthly payment plan.	First Name	Payment Information
Address 2 City State Zip Code Birth Date Phone Phone EMPLOYMENT School District School Name Subject(s) Credit or Debit Credit and Debit card holders may pay in full, or allow for monthly withdrawals through May. *Memberships for the 2023-2024 school year begin August 1. Memberships received after November 30 are prorated but will include a \$30 processing fee. I wish to pay in full or Please put me on the monthly payment plan.	Last Name	_
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Zip Code Birth Date Phone Phone EMPLOYMENT School District School Name Subject(s) Credit and Debit card holders may pay in full, or allow for monthly withdrawals through May. *Memberships for the 2023-2024 school year begin August 1. Memberships received after November 30 are prorated but will include a \$30 processing fee. I wish to pay in full or Please put me on the monthly payment plan.	City	Credit or Debit
Zip Code or allow for monthly withdrawals through May. Birth Date *Memberships for the 2023-2024 school year begin August 1. Memberships received after November 30 are prorated but will include a \$30 processing fee. EMPLOYMENT □ I wish to pay in full or □ Please put me on the monthly payment plan. School District □ Please put me on the monthly payment plan.	State	Credit and Debit card holders may pay in full
Phone Email (Personal) EMPLOYMENT School District School Name Subject(s) *Memberships for the 2023-2024 school year begin August 1. Memberships received after November 30 are prorated but will include a \$30 processing fee. I wish to pay in full or Please put me on the monthly payment plan.	Zip Code	or allow for monthly withdrawals
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Email (Personal) EMPLOYMENT School District School Name Subject(s) are prorated but will include a \$30 processing fee. I wish to pay in full or Please put me on the monthly payment plan.	Phone	August 1. Memberships received after November 30
School District School Name Subject(s) Please put me on the monthly payment plan.	Email (Personal)	
School District School Name Subject(s)	EMPLOYMENT	\Box I wish to pay in full <u>or</u>
School Name Subject(s)	School District	☐ Please put me on the monthly payment plan.
Subject(s)	Cabaal Nama	MasterCard V/S/
Coved #		
		Card #
Years Teaching Exp. Date/ CVV	V T 1	
Name on card		
Signature		

^{*}Associate memberships do not include professional liability insurance.