



## MEMBERSHIP APPLICATION

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

### INDICATE MEMBERSHIP TYPE

- Professional Membership .....\$396.00
- Substitute/Part-Time/Support Staff Membership ...\$240.00
- Retired & Teaching Membership .....\$50.00
- Associate Membership\* .....\$50.00
- Student Membership.....\$30.00

**How did you hear about KEYTA?**

Literature

Website

Other \_\_\_\_\_

Referred by \_\_\_\_\_

### PERSONAL INFORMATION

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_

Phone \_\_\_\_\_

Email (Personal) \_\_\_\_\_

### EMPLOYMENT

School District \_\_\_\_\_

School Name \_\_\_\_\_

Subject(s) \_\_\_\_\_

Grade(s) \_\_\_\_\_

Years Teaching \_\_\_\_\_

\*Associate memberships do not include Professional Liability Insurance or legal assistance in job protection issues.

**Payment Information**

**Cash or Check**

Total amount enclosed is \$\_\_\_\_\_.

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**Credit or Debit**

**Credit and Debit card holders may pay in full, or allow for monthly withdrawals through May.**

\*Memberships for the 2024-2025 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.

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ / \_\_\_\_\_ CVV \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

You can also join online at [www.keyta.org](http://www.keyta.org).