



## MEMBERSHIP APPLICATION

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

### INDICATE MEMBERSHIP TYPE

- Professional Membership .....\$410.00
- Substitute/Part-Time/Support Staff Membership ...\$250.00
- Retired & Teaching Membership .....\$50.00
- Associate Membership\*.....\$30.00
- 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 for job protection matters. However, members still have access to all other benefits, including our health and wellness insurance programs.

**Payment Information**

***Cash or Check***

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

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***Bank Draft***

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

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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 2025-2026 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 \_\_\_\_\_

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