



## 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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**Credit, Debit & Bank Draft**

Memberships for the 2026–2027 school year begin August 1. Applications and renewals are accepted year-round. Memberships received after November 30 are prorated, but a \$30 processing fee applies.

Members paying by credit card, debit card, or bank draft can choose either a one-time payment or convenient monthly withdrawals through May.

**Bank Draft**

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

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

**Credit Card**

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

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

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

Signature \_\_\_\_\_

I wish to pay in full or

Please put me on the monthly payment plan.

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