

2017 - 2018



CNTA'S MEMBERSHIP ASSISTANCE FUND APPLICATION

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ SCHOOL: _____ TRACK: _____

CNTA/CTA/NEA MEMBER SINCE: _____ SOCIAL SECURITY #: _____ CNUSD ID#: _____

NUMBER OF DEPENDENTS: _____

Why do you need this loan? (Refer to criteria outlined in section four of guidelines) Describe the problem in detail:

List other sources of financial aid for which you have applied:

Do you qualify for a credit union loan? _____

I certify that the above information is correct. I understand that repayment of the interest free loan will commence within ninety (90) days unless otherwise approved by the membership assistance fund committee. My repayment schedule will be developed by the committee at the time that the loan is granted. Granting of the loan is subject to committee approval.

SIGNATURE

DATE

PAYROLL DEDUCTION AUTHORIZATION
REPAYMENT SCHEDULE
CNTA MEMBERSHIP ASSISTANCE FUND

Please deduct the following amount _____ from my paycheck for _____ until the full amount of _____ is repaid to the CNTA Membership Assistance Fund.

(FOR CNTA OFFICE USE ONLY)

Approved: _____ Not Approved: _____ Amount: _____

Authorized Committee Member: _____