



Membership Assistance Application

****Please Note: If you currently have an outstanding Membership Assistance Loan, you cannot apply for another one until it has been completely repaid.****

Name: _____ Social Security #: _____ CNUSD Employee #: _____

Phone Number: _____ School Site: _____ Tracks: _____

Address: _____

Please indicate how you would like to receive your assistance check: Mail to above address Pick up at CNTA office

Membership assistance loans are intended in order to support members needing emergency financial assistance that meet the following criteria:

1. Dire depletion of financial resources due to serious job related problems, divorce, fire, death in family, etc.
2. Heavy family expense due to prolonged illness or accident that may have exhausted the applicant's ability to remain financially solvent.
3. Catastrophes which have exhausted the applicant's financial resources.

Why do you need this loan? (Please give us a detailed explanation) _____

Loan Amount Requested: _____ Preferred Month to Begin Repayment: _____ # of months to Repay: _____ Amount of Monthly Deductions: _____

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. I further understand that in the event that I leave the district before this loan has been fully repaid, the balance of the remaining amount due, will be deducted from my final paycheck.

Payroll Deduction Authorization: Please deduct _____ from my paycheck for _____ months, until the full amount of _____ is repaid to the Association.

Member Signature: _____ Date: _____

For Accounting Use Only:

Committee Decision: Approved Not Approved Amount Approved: _____ Approval Date: _____

Check#: _____ Check Date: _____ Issued By: _____ Date Sent to Payroll: _____

Treasurer Signature: _____ Date: _____