



# Voluntary Contribution Change Form

Use this form to begin, change, or cancel contributions to the following CNTA voluntary contributions:

- I would like to begin a new contribution. (Indicate the desired monthly payroll contribution for each fund.)
- I would like to change an existing contribution. (Indicate the new desired monthly payroll contribution for each fund.)
- I would like to cancel an existing contribution. (Indicate \$0 for each fund you wish to cancel.)

Monthly Payroll Contribution

**Membership Assistance Fund** .....\$ \_\_\_\_\_

**Scholarship Fund** .....\$ \_\_\_\_\_

**Political Action Committee (PAC) Fund** .....\$ \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

CNUSD ID # or Last 4 digits of SSN: \_\_\_\_\_

I direct my employer, the Corona-Norco Unified School District, to deduct monthly payments from my contract salary, to cover the contributions I have indicated above. The amount deducted shall be transmitted to the Corona-Norco Teachers Association. This shall remain in force from year to year until I revoke or revise it in writing.

\_\_\_\_\_  
CNTA Member Signature

\_\_\_\_\_  
Date