



St. Lucie County Classroom Teachers Association &
Classified Unit

CTA/CU Retiree Chapter

I understand that my \$70.00 membership dues are for the period of one fiscal year beginning on July 1st. These dues entitle me to all benefits derived from CTA/CU's state and national affiliates.

Name: _____	Social Security # _____ - ____ - ____
Mailing Address _____	
City _____	State _____ Zip _____
Phone _____	Email _____
Date: _____	Check # _____

St. Lucie CTA/CU Retirees
371 East Midway Road
Fort Pierce, FL 34982
Phone: 772-464-6430
Fax: 772-464-7446

For office use only: Date for renewal _____
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