



THE CONGRESS OF HOUSTON TEACHERS

2010-2011 MEMBERSHIP APPLICATION

6802 Mapleridge, Suite 205A
Bellaire, Texas 77401
713-661-2150 **PHONE**
713-661-9640 **FAX**
office@CHT.org
www.CHT.org

ALL CHT MEMBERS ARE REQUIRED TO COMPLETE THIS APPLICATION FOR LIABILITY INSURANCE PURPOSES.

Return your completed and **SIGNED** application to _____
OR to the CHT office at the address above. YOUR CHT BUILDING REPRESENTATIVE

PLEASE PRINT

LAST NAME FIRST NAME MIDDLE INITIAL

HOME ADDRESS

CITY ZIP PREFERRED E-MAIL ADDRESS

HOME PHONE NUMBER CELL/MOBILE PHONE NUMBER

HISD SCHOOL OR OFFICE POSITION OR JOB TITLE

EMPLOYEE ID # MEMBER SIGNATURE DATE

PLEASE CHOOSE ONE:

Request payroll deduction (deduction of \$16.50 per paycheck for 6 paychecks)

If you request payroll deduction, you **MUST** complete, sign, and return **BOTH SIDES** of the HISD payroll deduction card with this signed membership application to CHT.

Already on payroll deduction

Once you elect to pay your CHT membership dues by payroll deduction, you are automatically enrolled each year until you send a payroll stop card to HISD.

Check attached for \$99

Please make check payable to CHT.