

Agency Fee Rebate  
CTA Membership Accounting Department  
P.O. Box 4178  
Burlingame, California 94011-4178

Dear CTA,

As a nonmember of the NEA/CTA \_\_\_\_\_ ( insert your local union's name), I object to and request a rebate of the amount of the unified dues spent for nonrepresentational activities and the additional \$20.00 opt out increase from CTA. I expect to receive my rebate check within 30 days.

I am providing the following information so you are able to process my request:

Full Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip code \_\_\_\_\_  
SSN# (optional) \_\_\_\_\_  
School district \_\_\_\_\_  
Local association \_\_\_\_\_  
Date \_\_\_\_\_

I am also challenging the NEA's, CTA's and my local association's calculation of their respective chargeable amounts of the fees that are automatically deducted from my paychecks.

Until my challenge is resolved, my fees should remain in a third party escrow account. Please provide me proof that my fees were placed in a third party escrow account.

CTA has my permission to provide my name and address to any other fee payer objector who wishes to identify other fee payer objectors for the purpose of preparing for the upcoming arbitration case.

Sincerely,

\*Note: Make two copies.  
Send one copy certified, return receipt to CTA Membership Accounting Department.  
Keep one copy.