

Type of	Referral Cash
Membership	Rewards
	Amount
Professional	\$25
Associate	\$15
Student	\$10
Retired	\$5
Affiliate	\$5

Carolina Teachers Alliance

<u>CAROLINATEACHERS.ORG</u> <u>info@carolinateachers.org</u> <u>tinyurl.com/CTAMemberReferralCash</u>

Member Referral Verification Form

Member: Please complete this form and email to <u>info@carolinateachers.org</u> . Date emailed://					
Your First Name	M.I1	Last Name			
Address		_ City			
StateZip	COUNTY				
Phone Number _()	Email:				
Circle if you are a Carolina Tea	nchers Alliance: Region Chair / Cou	nty Lead / District Lead	/ School Rep		
New Member LAST Name	New Member FIRST Name	Type of Membership Your Friend Obtained	\$ Your Cash Reward Amount	\$ Total	

Refer a Friend!

TERMS & CONDITIONS:

- 1) REFERRING INDIVIDUAL MUST BE A MEMBER OF CAROLINA TEACHERS ALLIANCE.
- 2) REFERRAL PROGRAM STARTS 6/25/21.
- 3) REFERRALS MUST JOIN ON OR AFTER 6/25/21 AND PROVIDE YOUR FULL NAME ON OUR MEMBERSHIP APPLICATION AS THEIR REFERRAL.
- 4) REFERRING MEMBER MUST EMAIL COMPLETED "MEMBER REFERRAL VERIFICATION FORM"
 TINYURL.COM/CTAMEMBERREFERRALCASH WITH REFERRALS, ONCE THE CASH POINT TOTAL REACHES \$100
 TO INFO@CAROLINATEACHERS.ORG.
- 5) YOUR CASH REWARDS MUST TOTAL AT LEAST \$100 FOR REDEMPTION FOR VISA GIFT CARD TO BE MAILED TO YOU.
- 6) MEMBERS WHO RECRUIT THE HIGHEST NUMBER OF NEW MEMBERS WILL BE ENTERED INTO A GRAND PRIZE DRAWING FOR A WEEKEND GETAWAY FOR TWO, AWARDED AT THE CAROLINA TEACHERS ALLIANCE HOLIDAY BANQUET IN DECEMBER 2021 IN RALEIGH.

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