

CTA - ASSOCIATION MANAGEMENT SYSTEMS

CTA 360Pro – Local Access

Access Request Form

(Please Print)

NAME: _____ LOCAL/OFFICE NAME: _____
(First and Last Name) (ie: XYZ RRC, ABC Uniserv, AB Tchrs Assn)

HOME EMAIL: _____ POSITION/TITLE/ROLE: _____

CELL PHONE: _____

USER TRAINING AND SECURITY LEVEL CONFIRMATION

Note: All questions are mandatory for user access and to expedite the set-up

1. Training Date: _____

2. Training Type: Webinar/Video
Conference
Other

If other, please specify: _____

DO NOT SHARE YOUR LOGIN INFORMATION WITH ANYONE

I understand that the data contained in the CTA Association Management Systems is confidential, the property of the California Teachers Association (CTA) and may not be used for anything other than CTA approved purposes. Upon submission of this request, I understand that my access will automatically be terminated on August 31st of the current membership year or when my position ends with the above-mentioned Office, Uniserv or Local.

I will safeguard and maintain confidential the personal and private information contained in the CTA membership system(s). No personally identifiable member information shall be stored on my local hard drive or laptop computer. I will not share my login and password with other users nor transmit personally identifiable information via e-mail.

I am aware that improper handling or mismanagement of CTA's data may result in the termination of access to the above system(s) at any time.

I agree to the above terms and conditions and I confirm I have been trained on the system(s) selected above.

*User's Signature

*Approver's Signature (Manager/Exec Dir/Local Pres)

Date

Approver's Name (Please Print)

Date

***User's Signature and Approver's Signature must be obtained. If the user is the Local President, they must sign as the User and the Approver.**

RETURN COMPLETED FORM TO MEMBERSHIP@CTA.ORG or FAX 650-552-5061

FOR OFFICE USE ONLY:

CTA security admin approval: _____

Date: _____

Completed by: _____

Date: _____