

Program/Department: _____

Office: _____

This box for VP of Membership use only

Member number: _____

Employee ID: _____

MEMBERSHIP APPLICATION

I join the effort to help build a better life at my workplace, for students, for colleagues, and for my community because by **Standing Together . . . We Move Forward!** Union membership helps us **build a strong and united voice** to strengthen all workers' rights, such as the right to organize and to improve wages, benefits, and working conditions.

Name _____

Employment Status: Full-time Part-time

Job Title _____

| | | |
|--------------|-----|----|
| Tenured | Yes | No |
| Tenure Track | Yes | No |

Address _____ City _____ State _____ Zip Code _____

Email (Non RTC) _____

Cell Phone _____ Home Phone _____

I want to be a member and receive all rights of union membership, including the right to have a voice about contract changes, the right to vote for officers, and the right to vote on contract ratification. I understand that union dues and membership is a commitment to minimum of one (1) year. Membership in my local Union includes membership in the American Federation of Teachers (AFT), AFT Washington, AFL-CIO, and my local Union. I understand my dues make possible the many services and benefits of the union and our affiliates. As a member, I will receive regular publications from AFT Washington and constituency-based publications from RFT. I will also be eligible for AFT Plus services and benefits, including financial, technology, travel, discounts, scholarships, and health benefits. Effective immediately I hereby voluntarily authorize my employer to deduct from my pay the amount of dues according to the bylaws and constitution of the union.

As a member, I want to voluntarily participate in AFT Washington's **Committee on Political Education (COPE) deduction program** which allows me to have a voice in our political endorsement process to elect labor-friendly and public education champions. Please provide me the information necessary to sign up and get started making a difference through my contributions. (Must be a member to participate and, by law, only union members who are U.S. Citizens or lawful permanent residents are eligible to contribute to COPE.)

Signature _____ Date _____

Cut Along Line

Payroll Deduction Authorization

I authorize the Payroll Office of my employer to deduct from that portion of my wages due me each month the amount certified by the local union as dues or representation fees and to **transfer the deducted funds to the local's treasurer**. As certified amounts change and/or my employment status changes, amounts will automatically and appropriately be adjusted. This deduction is to begin immediately and will remain in effect for a minimum of one (1) year, after that year I have the ability to terminate my membership and deductions through written notice to the Payroll Office and the local's treasurer. Please contact your tax advisor to find out if your dues paid to AFT and AFT Washington are deductible for Federal income tax purposes.

Name (Print) _____

Signature _____ Date _____