

JOIN THE UNION!

Please **PRINT CLEARLY** on all sections. **PRESS HARD** to print on four copies. Make sure the Date of Birth field (**) is completed.

To promote high-quality education
To negotiate better working and learning conditions

BUILD OUR POWER

GET INVOLVED

AFT LOCAL UNION NAME (HEREAFTER "THE LOCAL") _____ LOCAL NUMBER _____

LAST NAME _____ FIRST NAME _____

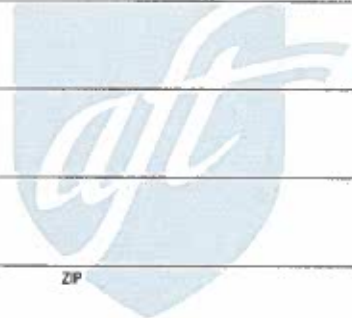
DATE OF BIRTH** _____ JOB TITLE _____

WORK LOCATION _____ WORK PHONE () _____

HOME ADDRESS _____ CITY _____ ZIP _____

() _____

NON-WORK PHONE _____ NON-WORK EMAIL _____



I hereby request and voluntarily accept membership in The Local and I agree to abide by its Constitution and Bylaws. I authorize The Local to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer.

SIGNATURE _____ DATE _____

AUTHORIZATION FOR DUES WITHHOLDING FROM EARNINGS

I hereby request and voluntarily authorize my employer to deduct from my earnings and pay over to The Local the regular monthly dues uniformly applicable to members of The Local. This authorization will remain in effect and shall be irrevocable unless I revoke it by sending written notice to The Local during the period not less than 30 days and not more than 45 days before 1) the annual anniversary date of this agreement or 2) the date of termination of the applicable contract between the employer and The Local, whichever occurs sooner. This authorization shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it in writing during the window period, irrespective of my membership in The Local.

Union dues may not be deductible for federal income tax purposes; however, under limited circumstances dues may qualify as a business expense.

SIGNATURE _____ DATE _____

AS A NEW MEMBER YOU ARE ELIGIBLE FOR NO-COST \$5,000 GROUP TERM LIFE INSURANCE

Please request an application from your AFT local union president.

SUPPORT THE UNION'S COMMITTEE ON POLITICAL EDUCATION



I hereby authorize my employer to deduct from my salary the sum of \$10 \$15 \$25 \$ _____ (other amount) per pay period and forward that amount to The Local's Committee On Political Action (COPE). This authorization is signed freely and voluntarily and not out of any fear of reprisal, and I will not be favored or disadvantaged because I exercise this right. I understand this money will be used by AFT/COPE to make political contributions. AFT/COPE may engage in joint fundraising efforts with the AFL-CIO. This voluntary authorization may be revoked at any time by notifying The Local's COPE in writing of the desire to do so. *Contributions or gifts to AFT/COPE are not deductible as charitable contributions for federal income tax purposes.*

SIGNATURE _____ DATE _____