



Texas AFT

American Federation of Teachers

3000 South IH-35, Suite 120 - Austin, TX 78704
T: 800/252-9350 - F: 512/448-1413 - www.texasaft.org

YOUR INFORMATION Please print clearly

New Member / Update Profile

NAME: _____ DOB: _____ SSN (LAST 4 DIGITS): _____

NON-WORK EMAIL: _____ EMPLOYER ID: _____

HOME PHONE: _____ CELL PHONE: _____

I hereby opt out of receiving text message alerts and/or auto-generated calls from Texas AFT.

BILLING ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP: _____

POSITION: _____

DISTRICT (ISD): _____ CAMPUS NAME: _____

MEMBERSHIP PLAN

- \$9.59 New Member
- \$13.75 Renewing Member

Dues are based upon a 12-month deduction.
Membership year is from September 1 – August 30.

Payroll Deduction Drop Form is attached

POLITICAL POWER

No member dues dollars are spent to support candidates for elected office. However, it is important that public school employees make a voluntary contribution to elect pro-public school officials. Make your contribution today!

- \$3 per month
- \$5 per month
- \$8 per month **RECOMMENDED**
- \$10 per month
- Other \$ _____

INITIAL (*): _____

CHOOSE YOUR PAYMENT PLAN

Join the strongest movement for Texas public school employees. **Join securely online at www.OwnMyPower.org**

ELECTRONIC DUES PAYMENT: I authorize Texas AFT to draft my bank account for the amount and dates listed on this application. The monthly dues amount may change if required by local, state or national constitutions. I authorize my bank to adjust my monthly payment when notified by the Texas AFT Associate Membership Program. This authorization remains in effect until terminated in writing by me. These deductions will continue for this school year and future years, including any increases in dues, until terminated by me in writing. Additionally, I assume all responsibility for any fees incurred due to invalid payment information and insufficient funds.

BANK NAME: _____

ACCOUNT TYPE: CHECKING SAVINGS _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

CREDIT CARD PAYMENT: I authorize Texas AFT to charge my credit card monthly. This authorization remains in effect until terminated in writing by me.

CARD TYPE: VISA MasterCard Discover AMEX

NAME ON CARD: _____

CARD NUMBER: _____

EXPIRATION DATE: _____ CSV: _____

CHECK OR MONEY ORDER: Full annual membership dues payment is required for a check and/or money order payment.

CHECK MONEY ORDER CHECK NO: _____

\$115 New Member \$165 Renewing Member

SIGNATURE: _____

DATE OF AUTHORIZATION: _____

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 to make political contributions by Texas AFT COPE II. Texas AFT COPE II may engage in joint fundraising efforts with the AFT and AFL-CIO. A voluntary COPE authorization may be revoked at any time by notifying Texas AFT in writing of the desire to do so. Texas law prohibits Texas AFT from contributing general dues dollars to political campaigns. Contribution or gifts made to Texas AFT COPE II are not deductible as charitable contributions for federal income tax purposes. Contributions cannot be reimbursed or paid by any other person or entity.

OFFICE USE ONLY

ORG INITIALS: _____

RS INITIALS: _____

MSS INITIALS: _____

APP 17/18