



La Joya AFT Membership Application

Dues and Contributions 2020-2021

1100 East Expwy 83, La Joya, TX 78560

956-802-9439 • <http://tx.aft.org/lajoya> • lift@lift.org

Name _____ Home Address _____

City _____ TX, Zip _____ Employee ID # _____

Home Phone _____ Mobile Phone _____

Campus/Worksite _____ Job Title _____

E-mail Addresses _____

(please provide personal email address)

Referred By: _____

Please select your dues category.

Teachers, Nurses, Counselors, Librarians, and Other Professionals

_____ Monthly Dues	\$45.59
_____ Bi-weekly 26 pay periods	\$21.04
Monthly COPE Contribution	\$ 1.00

Classified Monthly Employees (Inst. Asst., Secretaries)

_____ Monthly Dues	\$27.75
_____ Bi-weekly- 26 pay periods	\$12.80
Monthly COPE Contribution	\$1.00

Auxiliary Biweekly Employees

_____ 244 days (26 pay periods)	\$12.80
_____ 22 pay periods, bus drivers/CNS	\$15.25
_____ 25- custodians	\$13.50
Biweekly COPE Contribution	\$.50

The La Joya AFT (LJFT) Committee on Political Education (COPE) collects volu

support political candidates. Contributing is not a condition of membership, and members have a right to refuse to contribute without suffering any reprisal or loss of membership status, rights, or benefits. You may decline to contribute to COPE by initialing below. "I decline to contribute to LJ AFT's C.O.P.E. fund and understand this will not in any way affect my membership status with LJ AFT."

_____ (initial)

Discontinuation of dues/fees for another Association (if applicable):

I hereby authorize La Joya ISD Payroll Department to stop payroll deductions for the following organization/s:

ATPE—Association of Texas Professional Educators TCTA—Texas Classroom Teachers Association

TSTA—Texas State Teachers Association Other _____ **Signature:** _____

The La Joya AFT (LJ AFT) is hereby designated as my agent to represent me with La Joya Independent School District (LJISD). I also request and authorize LJISD to deduct from my earnings and transmit to the LJ AFT regular monies as certified from time to time by the organization. **I understand that such deduction is revocable for the following year upon written notice to LJ AFT and LJISD.** I hereby waive any right and claim for said monies deducted and transmitted in accordance with this authorization. I understand that LJ AFT membership dues may be deducted as a miscellaneous itemized contribution for income tax purposes but may not be used for any political purposes.

Signature _____ Date _____

Please sign and return to:

Scan and Email to: lift@lift.org

Mail to: 1100 East Expwy 83, La Joya, TX 78560

Call for Pickup: 956-802-9439

For Office Use Only
Received _____
Processed _____

No legal services will be provided for pre-existing conditions. _____ Updated 3/14/20