



# South San Antonio Federation of Teachers and Support Personnel

## AFT Membership Record

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Employee ID # or SSN (Last 4 Digits): \_\_\_\_\_  
Home E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 School/Worksite: \_\_\_\_\_  
 New to the district? **Yes** **No** If **Yes**, previous district: \_\_\_\_\_

### 2020-2021 Dues (Bi-Monthly):

Professional.....\$27.75  
 Paraprofessional/Auxiliary.....\$16.50

<b>Office Use</b>
____ Pkg
____ \$
____ All
____ Org.

The South San AFT Committee on Political Education (BCFT) collects voluntary contributions from South San AFT members and uses them to support political candidates (\$2.00 per month for Professionals; \$1.00 for Auxiliary and Paraprofessionals). Making a contribution is not a condition of membership and members have a right to refuse without suffering any reprisal or loss of membership status or rights or benefits. You may decline to contribute to COPE by initialing below. "I decline to contribute to the COPE and understand that this will not in any way affect my membership status of rights." (initial)  
 Dues payments and contributions to COPE are not deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible as a miscellaneous itemized deduction.

## AUTHORIZATION FOR PAYROLL DEDUCTION

**I, \_\_\_\_\_, authorize and request the South San Antonio ISD to deduct and remit my monthly dues amount to South San AFT from my paycheck. Yearly dues will be divided monthly. Dues will be continuing on an annual basis unless I request in writing for you to stop. Dues increases will be passed through. I acknowledge that receipt of this payroll deduction authorization by the South San Antonio ISD Payroll Office will automatically cancel any existing employee payroll dues deduction authorizations that I have previously submitted.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Job Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Staff ID Number or Social Security Number)

\_\_\_\_\_  
(Campus and/or Worksite)

\_\_\_\_\_  
(Bi-monthly dues amount)

**Return this form by mailing it to:** South San AFT, 6800 Park Ten Blvd., Suite 123-N, San Antonio TX 78213, or by giving it to your campus AFT Representative. If you have Questions, call (210) 227-8083.