

AFT MEMBERSHIP APPLICATION



A Union of Professionals
Corpus Christi AFT
Local 366, AFL-CIO

District: _____
Name: _____
Home Address: _____
City: _____ ZIP: _____
Home Phone: _____ Cell Phone: _____
Home E-Mail Address: _____
Position: _____ Worksite: _____
Last 4 SS#: _____ Employee ID#: _____
Referred By: _____ Date Signed: _____
Signature: _____ DOB: _____

Membership protection does not include pre-existing conditions.
Dues paid to CCAFT may not be deductible for federal income tax purposes; however, under limited circumstances, dues may qualify as a business expense.

WE DO NOT SOLICIT MEMBERS FROM OTHER AFL-CIO UNIONS

Continuous Payroll Deduction Authorization For Professional Dues for Corpus Christi American Federation of Teachers



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Please Check your classification (Amount per paycheck shown):

_____ Certified (\$28.75) _____ Auxiliary (\$19.50) _____ Part-Time (\$14.50)

The member is responsible for ensuring that the district is deducting the correct amount.

I hereby authorize the Payroll Department to deduct from my salary check dues for the AFT as checked until I notify said department in writing to discontinue such deductions. My signature also authorizes the school district to change my dues if my position changes or if dues change or at the request of CCAFT.

Last 4 SS# (Required) _____ Name of District _____
Name (Please Print) _____ Worksite _____
Signature _____ Date Signed _____

Please mail, deliver, or email to:

Corpus Christi American Federation of Teachers
4455 South Padre Island Drive, Suite 48
Corpus Christi, TX 784111-5115
ccaftmember@gmail.com

Call 855-0482 if you have any questions

If you are in Corpus Christi ISD, you can use school mail.

Ver. 08.01.2019

Drop Form

I wish to drop my membership in and stop payroll deduction for:
(Check all that apply)

ATPE _____
CCAUSE _____
CCEA/TSTA/NEA _____
TCTA _____

Name (Printed): _____

Last 4 SS# (Required): _____

District: _____

Campus/Worksite: _____

Signature: _____

Date Signed: _____