

AFT MEMBERSHIP APPLICATION



District: _____
 Name: _____
 Home Address: _____
 City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Your home e-mail address: _____
 Position: _____ Worksite: _____
 Soc Sec #: _____ Employer ID #: _____
 Referred by: _____ Date Signed: _____
 Signature: _____ Date of Birth: _____

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



Please check your classification: _____ Certified _____ Auxiliary _____ Part-time

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.

Social Security Number (Required) _____ Name of District _____
 Name (Please print) _____ Worksite _____
 Signature _____ Date Signed _____

CCISD ONLY: The CCAFT Committee on Political Education (COPE) collects voluntary contributions from members and uses them to support political candidates. Making a contribution is not a condition of membership, and members have a right to refuse to contribute without suffering any reprisal or loss of membership status, refunds or benefits. You may decline to contribute to COPE by initialing in the blank below: "I decline to contribute \$0.50 per pay period to CCAFT's COPE, and I understand this will not affect my membership status or rights in any way."

Please mail or deliver to:

Corpus Christi American Federation of Teachers
 4455 South Padre Island Drive, Suite 48
 Corpus Christi, TX 78411-5115
 Call 855-0482 if you have any questions.

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

OR

Fill out the form, save it to your computer, and email it as an attachment to ccaftmember@gmail.com. A CCAFT Representative will make arrangements to meet with you for appropriate signatures.

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): _____

SSN: _____

District: _____

Campus/Worksite: _____

Signature: _____

Date Signed: _____