

Membership-at-Large

I hereby apply as a member at large of the California Federation of Teachers, AFT, AFL-CIO. Enclosed is a check for 2017-18 annual dues as indicated below:

- Full-time employees:** gross salary over \$26,000 per year, **\$465.27**
- Part-time, substitute, and other employees:** gross salary \$26,000 or less per year, **\$236.84**
- Part-time, substitute, and other employees:** gross salary \$15,490 or less per year, **\$122.62**
- Part-time, substitute, and other employees:** gross salary \$9,405 or less per year, **\$65.51**
- On unpaid leave: \$24**
- Retired from an AFT local:** (No dues)

PLEASE PRINT

Name _____
 Address _____
 City _____ State _____ Zip _____
 Social Security Number _____ D.O.B. _____
 Telephone _____ Email _____
 Employer _____
 Position/classification _____
 (If applicable) Formerly a member of AFT Local (number) _____

Signature

Date

- Please check here if you wish to be informed of CFT activities and conferences of the:
 - Early Childhood/K-12 Council**
 - Community College Council**
 - Council of Classified Employees**
 - University Council**
- Please deduct the dues from my checking:
 - Monthly**
 - Tenthly**

(Don't forget to fill-out the attached form.)

Return this form with a check for the full amount to the following address:
 CFT * 2550 North Hollywood Way, Suite 400 * Burbank, California 91505
or sign-up for automatic payments if paying monthly.

CFT dues are not deductible as charitable contributions for federal income tax purposes. However, under limited circumstances, they may be deductible as a business expense. Call 818-843-8226 if you have any questions.

AUTOMATIC PAYMENT METHOD

Automatic Bank Payment

- A. Your dues will be automatically deducted from your personal checking account each month.
- B. This automatic method is good for Banks, Savings and Loans, and certain Credit Unions in California.
- C. **Please attach your personal check with "Void" written across it.**
- D. Please send your check for past dues (if any) and return this signed authorization in the enclosed envelope.

I hereby authorize the CFT to initiate a withdrawal from my personal checking account each month for \$_____ (monthly amount of dues) for 10 or 12 (circle one) months. I hereby authorize the CFT to increase, decrease, or change this withdrawal from my bank or financial institution to conform to any change in the AFT local dues rate.

I understand that I may cancel this authorization at any time by notifying the CFT at:

2550 N. Hollywood Way, Suite 400, Burbank, CA 91505

Name _____

(Print your name as it appears on account)

AFT Local and Number

Email _____ Telephone _____

Signature

Date