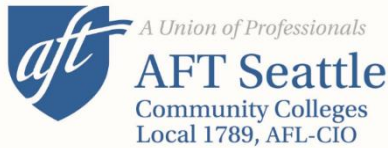


AFT SEATTLE UNION MEMBERSHIP APPLICATION FORM



Return to:
 AFT Seattle Community Colleges, Local 1789
 1500 Harvard Ave, Seattle, WA 98122
 OR via Campus Mail – AFT Seattle, 1D0100

Questions: call (206) 934-5478 OR | email spencewilcox@outlook.com

I am applying for membership in AFT Seattle Community Colleges Local 1789, the American Federation of Teachers (AFT), AFL-CIO. I understand my dues support the many services and benefits of the AFT Seattle, the AFT and our affiliates. I will receive subscriptions to AFT's professional publications. I will also be eligible for AFT Plus services and benefits, including financial, technology, travel, discounts, scholarships, and health benefits. I will be eligible to vote and run for office in AFT Seattle.

I authorize the Payroll Office of Seattle College District to deduct dues from my salary in the amount certified by the AFT Seattle (full-time faculty 1.52%, and part-time faculty 1.29%) and to transfer such dues to the account of the AFT Seattle. As AFT Seattle dues change and/or my faculty employment status with the Seattle Community Colleges changes, dues amounts will automatically and appropriately be adjusted. This deduction for dues is to begin immediately and will remain in effect unless changed or terminated by me through written notice to the SCD payroll office and the AFT Seattle Treasurer.

(* required information)

Name* (print) _____ ctcLink EMPLID #* _____

These personal contact details are required to process your membership. Please **provide all requested information**.

Indicate your preferred communication method(s) and any you wish to opt out of.

	Preferred	Opt Out	OK to Text
Home address* _____	<input type="checkbox"/>	<input type="checkbox"/>	n/a
City*, Zip code* _____			
Home phone* _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-work email* _____	<input type="checkbox"/>	<input type="checkbox"/>	n/a
Mobile phone* _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Campus* _____ Division/Department* _____

Office phone _____ EXT. _____ Campus mailstop _____ Office Bldg & Number _____

My faculty status is* (check one) Full-time Part-time Priority Hire Part-time

Signature* _____ Date* _____

Note: This form is REQUIRED for membership.

My voluntary membership and payroll deductions shall be irrevocable for a period of one year from the date of signature or until the expiration date of the collective bargaining agreement between the employer and the union, whichever occurs sooner, and for year-to-year thereafter unless I give the employer and the union written notice of revocation of my membership not less than 10 days and not more than 25 before the end of the annual period beginning with the date of my signature on this form. This card supersedes any prior payroll authorization card I signed. I recognize that my authorization of membership and dues deductions, and the continuation of such authorization from one year to the next, is voluntary and not a condition of my employment.

Signature* _____ Date* _____