

# AFT SEATTLE UNION MEMBERSHIP APPLICATION FORM



**Return via Campus Mail:** AFT Seattle, 1D0100

**or Postal Service:**

AFT Seattle Community Colleges, Local 1789, 1500 Harvard Ave, Seattle WA 98122

**Questions:** call Annette (206) 934-5478 | email Sharon [spencewilcox@outlook.com](mailto: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 Colleges changes, dues amounts will be automatically and appropriately 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 ID # \* \_\_\_\_\_

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 * _____			
City *, Zip code * _____	<input type="checkbox"/>	<input type="checkbox"/>	n/a
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

**Membership**

Signature \* \_\_\_\_\_ Date \* \_\_\_\_\_

**NOTE: Your hand written/drawn signature is *REQUIRED* for membership. Computer-generated signatures are invalid.**

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 form supersedes any prior payroll authorization form 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.

**Commitment**  
Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: Handwrite or draw your signature. Computer-generated signatures are invalid.**

(Revised: October 2022)