

AFT SEATTLE UNION MEMBERSHIP APPLICATION FORM



A Union of Professionals

AFT Seattle
Community Colleges
Local 1789, AFL-CIO

Please complete, sign, and return to
membership@aftseattle.org
Or via campus mail:
AFT SEATTLE, 1DO100



Scan to sign

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.

Preferred communication methods:

Preferred **OK**

Home address*

City* State

Zip code*

Home phone*

Non-work email*

Mobile phone*

Campus* Division/Department*

Office phone EXT. Campus mailstop

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

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*

(Revised: October 2023)