



Membership Application

Membership allows you to vote, receive benefits, and add your voice to the union. It does not increase your union deduction.

To be a voting member of the union and become eligible for membership benefits, simply fill out this form and return it to the PFT. Dues are based on hours worked, so please place a check mark before the category that best describes your employment status. *Remember to sign and date it in the space provided.*

2013-2014 Academic Year and Summer

Contract/Regular Faculty

_____ Dues are based on **0.01610*** of gross salary, plus approved AFT/CFT pass-through, due each month of employment. **(or current approved rate)*

Part Time/Hourly Faculty

___ Dues are **\$17.89** for each month of employment at **3 equated hours or less**

___ Dues are **\$31.13** for each month of employment at **more than 3 equated hours**, plus approved AFT/CFT pass-through.

Name: _____ NON-Peralta Email: _____

Address: _____ City/Zip: _____

Home Tel: _____ Work Tel.: _____ Mobile: _____

College: _____ Dept. _____ Birthdate (required): _____ Facebook Yes or No: _____

Attention: Peralta Community College District, Payroll Deductions Office, *You are authorized to deduct as membership dues in place of agency fees as indicated above.*

Signature: _____

Date: _____

Please return this *original form to the PFT Office in any of the following ways: ✓

By mail or drop-off in person → 500 East Eighth Street, Suite B, Oakland, CA 94606; By Intra-District mail → Peralta Federation of Teachers (PFT) Office; By Laney College mail → Eagle Village 9, PFT Department mailbox -or- Give it to your PFT Campus Rep.



Designation of Beneficiary for Accidental Death and Dismemberment Policy

A Union of Professionals

AFT +
Member Benefits

Member's Name _____ Social Security No. _____ (last four digits)

Email Address _____ Local Union No. _____ 1603

Policyholder **American Federation of Teachers** Policy No. **C-4363**

Name of Beneficiary _____

Address _____

City _____ State _____ Zip Code _____

Signature of Member _____ Date _____
(Required)

This card, when completed, is to be retained by the local until coverage under the policy terminates with respect to the named member, unless sooner changed or revoked by the member.