PERALTA FEDERATION OF TEACHERS, AFT LOCAL #1603

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, 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.*

2018-2019 Academic Year and Summer 2019

Contract/Regular Faculty

_______ Dues are based on **0.01755*** of gross salary, plus approved AFT/CFT pass-through, due each month of employment. **(or current approved rate)*

Part Time/Hourly Faculty

___ Dues are **$33.95** for each month of employment at **more than 3 equated hours**, plus approved AFT/CFT pass-through.

___ Dues are **$19.46** for each month of employment at **3 equated hours or less**

Name:_______________________________________ **NON-Peralta Email:**____________________________________

Address:_____________________________________ **City/Zip:**____

Home Tel:___________________ **Work Tel.:**_____________________ **Mobile:**________________________________

College:____________ **Dept.:**_____________ **Birthdate (required):**____________**Employee ID#:**________________

I hereby request and voluntarily accept membership in Peralta Federation of Teachers, 1603 (hereafter "PFT") and I agree to abide by its Constitution and Bylaws. I authorize PFT to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer.

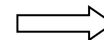
SIGNATURE:____**DATE:**______________________________

AUTHORIZATION FOR DUES WITHHOLDING FROM EARNINGS

I hereby request and voluntarily authorize my employer to deduct from my earnings and pay over to PFT the regular monthly dues uniformly applicable to members of PFT. This authorization will remain in effect and shall be irrevocable unless I revoke it by sending written notice to PFT during the period not less than 30 days and not more than 45 days before 1) the annual anniversary date of this agreement or 2) the date of termination of the applicable contract between the employer and PFT, whichever occurs sooner. This authorization shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it in writing during the window period, irrespective of my membership in PFT.

Union dues may not be deductible for federal income tax purposes; however, under limited circumstances dues may qualify as a business expense.

SIGNATURE:_____________________________________**DATE:**____________________________________

TURN OVER TO SELECT YOUR COPE CONTRIBUTION & ACTIVATE GROUP LIFE INSURANCE 

SUPPORT THE UNION'S COMMITTEE ON POLITICAL EDUCATION (COPE)

I hereby authorize my employer to deduct from my salary the sum of ___$10___$15___$25 $ ______ (other amount) per pay period and forward that amount to PFT's Committee On Political Action (COPE). This authorization is signed freely and voluntarily and not out of any fear of reprisal, and I will not be favored or disadvantaged because I exercise this right. I understand this money will be used by AFT/COPE to make political contributions. AFT/COPE may engage in joint fundraising efforts with the AFL-CIO. This voluntary authorization may be revoked at any time by notifying PFT's COPE in writing of the desire to do so.
Contributions or gifts to AFT/COPE are not deductible as charitable contributions for federal income tax purposes.

SIGNATURE:___________________________________**DATE:** ____

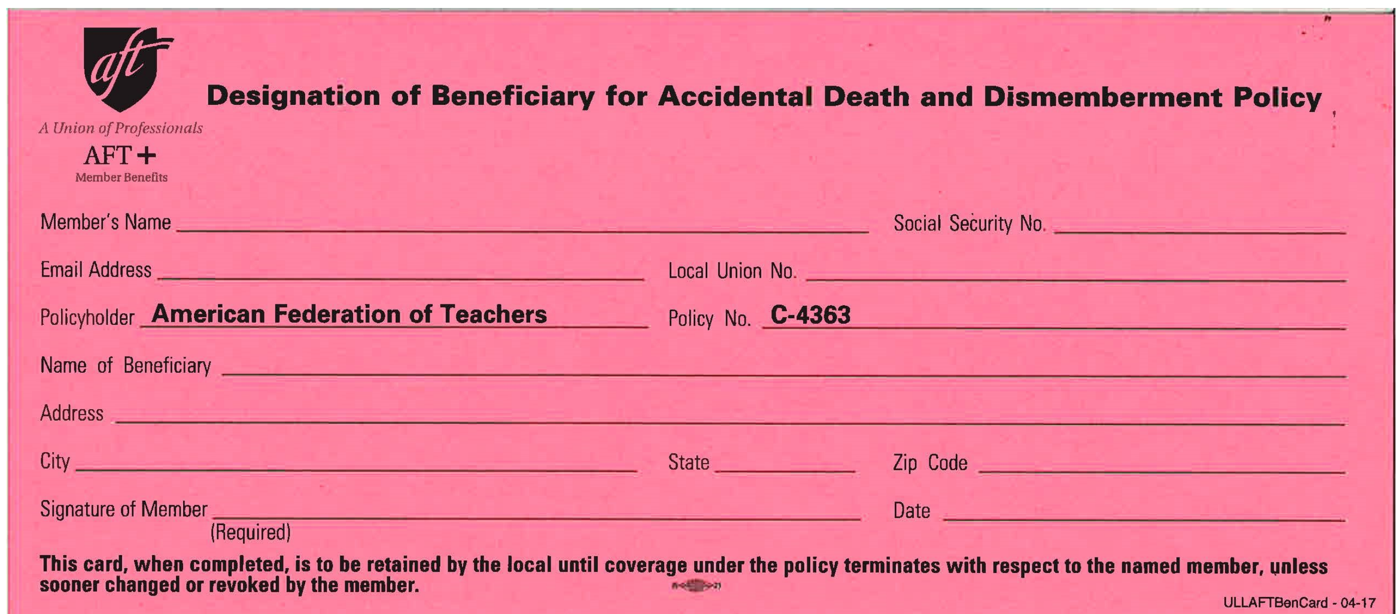
ACTIVATE $5,000 OF GROUP LIFE INSURANCE AT NO COST TO YOU

☐**Yes!, I am a new member within the last 12 months and I elect $5,000 of Group Term Life Insurance** which is available to me at no cost for one full year as a new AFT member. I want to be covered under the group plan for the benefits which I am or may become eligible for, as requested below. The AFT provides this insurance for one year as a benefit of AFT membership.

☐ **I am actively at work.** (Retirees are not eligible.) *The $5,000 coverage will be reduced by 50 percent at age 65 and by 75 percent at age 70.*
My beneficiary is to be (PLEASE PRINT)____
Relationship_____________________

I hereby certify that all statements and answers in this form are full, complete, and true to the best of my knowledge and belief. I understand that to be eligible for coverage I must be a new AFT member, actively working, and not currently insured under the Group Term Life Insurance plan for AFT members. In no event will I be eligible for this coverage beyond 12 months from my AFT membership date. I understand that my coverage will become effective on the first day of the month following the date this application is signed. Any person who knowingly and with intent to defraud any insurance company or other person files an AFT application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties. *For questions, phone toll-free* ***(888) 423-8700*** *or visit* ***www.aftbenefits.org***

SIGNATURE:___________________________________**DATE:** ____


A Union of Professionals
AFT+
Member Benefits

Designation of Beneficiary for Accidental Death and Dismemberment Policy

Member's Name ______________________ Social Security No. ______________
Email Address ______________________ Local Union No. ______________
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.

ULLAFTBenCard - 04-17