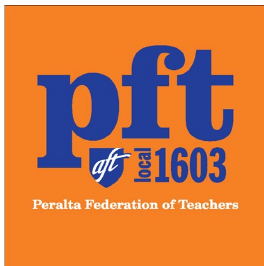


PERALTA FEDERATION OF TEACHERS, AFT LOCAL #1603

MEMBERSHIP APPLICATION

Membership allows you to vote, receive benefits, and add your voice to the union. To be a voting member of the union and become eligible for membership benefits, fill out this form and return it to the PFT.
Remember to sign and date it in the space provided.

2022-2023 Academic Year and Summer 2023

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/ Full-time Extra Service
Dues are based on **0.0125*** of gross wages, plus approved AFT/CFT pass-through, due each month of employment.
**(or current approved rate)*

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

Address:___________________________________ **City/Zip:**____

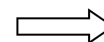
Mobile Tel:_______________ **Alternate Tel.:**__________________ **Birthdate (required):**__________________

College:____________ **Dept.:**_____________ **Full-time** ☐ **Part-time** ☐ **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 AD&D INSURANCE



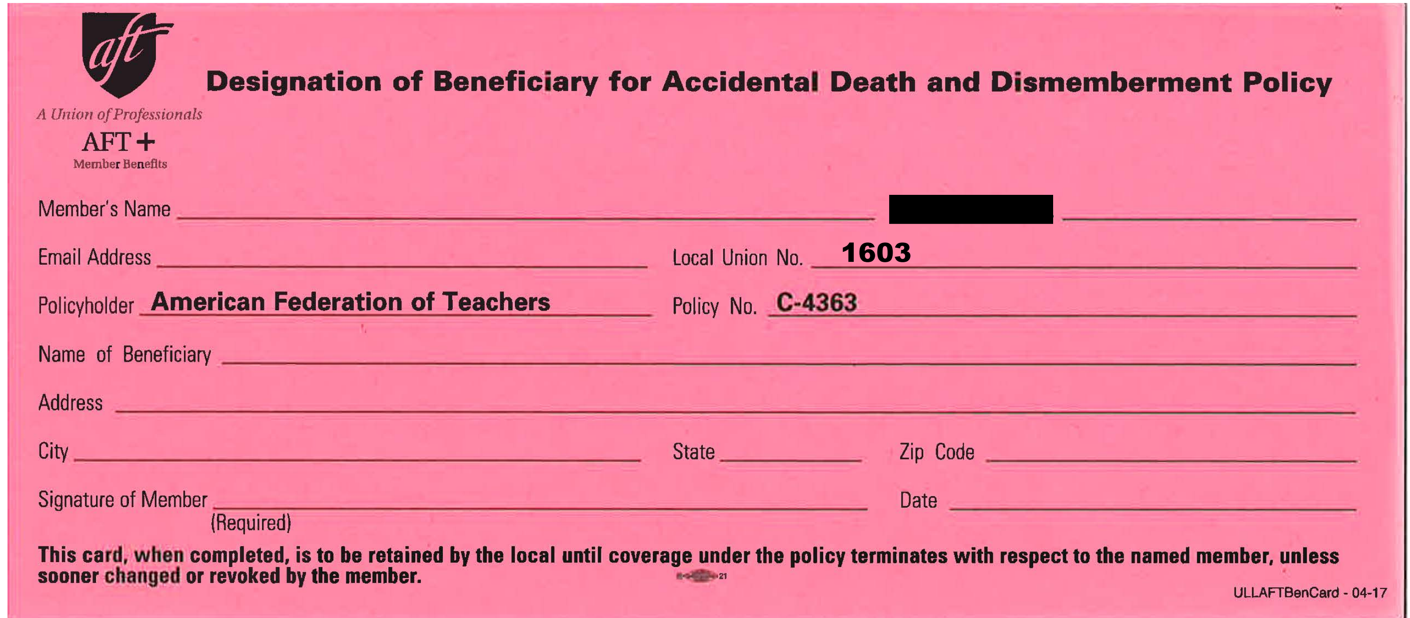
RETURN TO: Peralta Federation of Teachers, AFT Local #1603- 500 E. 8th Street, Ste. B, Oakland, CA 94606
www.pft1603.org- 510-763-8820- union@pft1603.org

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:** ____



Designation of Beneficiary for Accidental Death and Dismemberment Policy

A Union of Professionals
AFT +
Member Benefits

Member's Name ________________________________ ________________

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.

ULLAFTBenCard - 04-17

RETURN TO: Peralta Federation of Teachers, AFT Local #1603- 500 E. 8th Street, Ste. B, Oakland, CA 94606
www.pft1603.org- 510-763-8820- union@pft1603.org