California Federation of Teachers, AFT, AFL-CIO

JOIN THE UNION!

Please **PRINT CLEARLY** *on all sections.* **PRESS HARD** *to print on four copies. Make sure fields with a blue asterisks (**) are completed.*

AFT LOCAL UNION NAME _____ LOCAL NUMBER _____

LAST NAME _____ FIRST NAME _____ EMAIL _____

JOB TITLE _____ WORK LOCATION _____ DATE OF BIRTH** _____

SOCIAL SECURITY NUMBER** _____ HOME PHONE ( ) _____ WORK PHONE ( ) _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

I understand that my dues will include the many services and benefits of local, state, and national AFT bodies. Union dues may not be deductible for federal income tax purposes; however, under limited circumstances dues may qualify as a business expense.

AUTHORIZATION FOR MEMBERSHIP DUES WITHHOLDING

I hereby authorize payroll deduction from my salary for the payment of dues as set by the local union. This authorization will remain in effect until I revoke it in writing, unless specified otherwise in the local contract.

SIGNATURE _____ DATE _____

SUPPORT THE UNION'S COMMITTEE ON POLITICAL EDUCATION

I hereby authorize the _____ (your employer)

to deduct from my salary the sum of ☐ $10 ☐ $15 ☐ $25 ☐ $ _____ (other amount) per pay period and forward that amount to the

_____ (your local union)

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. This voluntary authorization may be revoked at any time by notifying the _____ (your local union) 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 purpose.

SIGNATURE _____ DATE _____

ACTIVATE $10,000 OF GROUP LIFE INSURANCE AT NO COST TO YOU

Insurance Activator Form

☐ **Yes!, I elect $10,000 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. After one year, I will be invited to continue the insurance.

My beneficiary is to be (**PLEASE PRINT**)_____ Relationship_____

My gender is ☐ male ☐ female. ☐ I am actively at work. (Retirees are not eligible.)

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. I understand that my coverage will become effective on the first day of the month following the date this application is signed. The premiums for this insurance are being paid by AFT only for one year from the effective date. 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 _____

#596 April 2010

LOCAL UNION COPY