## Victoria Federation of Teachers 2020-2021

## Membership Application

| 4) 511  |                  | Here's how to   |   |                 |
|---|------------------|---|---|-----------------|
|   | _                | and fill in all fields. Make sure to of the following methods:                  | sign and date the payroll ded                 | uction section. |
|   | Interoffice mail | l: Doris Prince @ Vickers or Sheril<br>Ir local President is Doris Prince (361) | -   | com             |
| First Name:   |                  | Middle Initial:   | Last  |                 |
| Name: Home Address:   |                  |   |   |                 |
| City:   |                  | State:  | Zip code:                                     |                 |
| Home Phone:   |                  | Email Address:  |   |                 |
| Social Security<br>Number:  |                  | Campus:   |   |                 |
| Job Title:  |                  | Room<br>number:   | referred by:  please tell us who referred you |                 |
| Please indicate whether only) new member or a   | current member.  | New member  | Current Member (info                          | •               |
| month Bus drivers and Custodians: \$32.60 per month for ten months  |                  |   |   |                 |
| Payroll Deduction Form  I hereby authorize the Victoria ISD to deduct membership fees from my salary in equal amounts for each pay period during the year, for the duration of my employment with Victoria ISD. These deductions will continue for this school year and future years, including any increase in dues that may occur and until written notification is given revoking this authorization. Victoria ISD will remit payment to the Victoria AFT. I understand that any communication concerning these deductions should be directed to the Victoria AFT. The Victoria ISD assumes no liability and I waive all errors made by the Victoria ISD in making or failing to make a deduction. I also understand that this authorization will remain valid for not less than one (1) year. Revocation of this authorization form will be submitted in writing to the Victoria AFT. The Victoria AFT will notify the Victoria ISD of any changes. |                  |   |   |                 |
| ignature: DATE:   |                  |   |   |                 |
| (Recommended) Victoria AFT C.O.P.E. Contribution form  The Victoria AFT encourages all of its members to participate in local campaigns and to support and endorse candidates who will be sympathetic to our issues as educators. In addition to dues, the Victoria AFT Committee on Political Education (COPE) collects voluntary contributions from members in the amount of \$1.00 (one dollar) per month and uses those funds to support state and local candidates for political office who support public education and public education employees. Making a contribution is not a condition of membership, and members have the right to refuse to contribute without loss of membership status, rights or benefits. You may contribute to Victoria AFT COPE by providing your signature here:   |                  |   |   |                 |
| S   | ignature:        | Date  | e:  |                 |
| Switching Organizations? Check which organization you wish to drop and we will send you a drop form.  |                  |   |   |                 |
|   | ATPE             | ☐ TSTA  | □ ТСТА  |                 |
| For Victoria AFT office use only. Do not write in this section  |                  |   |   |                 |

Position verified: YES NO