

# Membership-at-Large

I hereby apply as a member at large of the California Federation of Teachers, AFT, AFL-CIO. Enclosed is a check for 2010-11 annual dues as indicated below:

- Full-time employees:** gross salary over \$26,000 per year, **\$399.31**
- Part-time, substitute, and other employees:** gross salary \$26,000 or less per year, **\$203.56**
- Part-time, substitute, and other employees:** gross salary \$18,000 or less per year, **\$105.68**
- Part-time, substitute, and other employees:** gross salary \$12,000 or less per year, **\$56.74**
- On unpaid leave: \$24.00**
- Retired from an AFT local:** (No dues)

PLEASE PRINT

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_

Position/classification \_\_\_\_\_

(If applicable) Formerly a member of AFT Local (number) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- Please check here if you wish to be informed of CFT activities and conferences of the:
    - Early Childhood/K-12 Council**
    - Community College Council**
    - Council of Classified Employees**
    - University Council**
  - Please deduct the dues from my checking:
    - Monthly**
    - Tenthly**
- (Don't forget to fill-out the attached form.)**

Return with a check for the full amount to CFT \* 2550 North Hollywood Way, Suite 400 \* Burbank, California 91505 \* 818-843-8226 or if paying monthly sign-up for automatic payments

CFT dues are not deductible as charitable contributions for federal income tax purposes. However, under limited circumstances, they may be deductible as a business expense.

## AUTOMATIC PAYMENT METHOD

### Automatic Bank Payment

- A. Your dues will be automatically deducted from your personal checking account each month.
- B. This automatic method is good for Banks, Savings and Loans, and certain Credit Unions in California.
- C. **Please attach your personal check with “Void” written across it.**
- D. Please send your check for past dues (if any) and return this signed authorization in the enclosed envelope.

I hereby authorize the CFT to initiate a withdrawal from my personal checking account each month for \$\_\_\_\_\_ (monthly amount of dues) for 10 – 12 (circle one) months. I hereby authorize the CFT to increase, decrease, or change this withdrawal from my bank or financial institution to conform to any change in the AFT local dues rate.

I understand that I may cancel this authorization at any time by notifying the CFT at:

**2550 N. Hollywood Way, Suite 400, Burbank, CA 91505**

Name \_\_\_\_\_  
(Print your name as it appears on your account)

\_\_\_\_\_ AFT Local and Number

E-Mail \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date