## AND THE WINDOWS

## MEMBERSHIP-AT-LARGE

Please PRINT CLEARLY. NAME MAILING ADDRESS CITY AND ZIP EMAIL TELEPHONE DATE OF BIRTH SOCIAL SECURITY NUMBER EMPLOYER POSITON OR CLASSIFICATION FORMER AFT LOCAL UNION NAME AND NUMBER (IF APPLICABLE) **SELECT YOUR DUES RATE** I HEREBY APPLY AS A MEMBER-AT-LARGE of the California Federation of Teachers, AFT, AFL-CIO, at the following annual dues rate for the 2022-23 academic year: ☐ Full-time employees: Gross salary over \$52,375 per year — \$475.92 ☐ Part-time, substitute, and other employees: Gross salary over \$52,375 or less per year — \$242.16 ☐ Part-time, substitute, and other employees: Gross salary over \$17,388 or less per year — \$125.28 ☐ Part-time, substitute, and other employees: Gross salary over \$10,557 or less per year — \$66.84 ☐ On unpaid leave — \$24 ☐ Retired from an AFT local union: No dues **SELECT YOUR METHOD OF PAYMENT** ☐ I am paying full annual dues now. Return this form with a check for the full dues amount. ☐ Please deduct dues from my checking account: ☐ Monthly ☐ Tenthly Return this form and the automatic payment authorization on next page. Union dues may not be deductible for federal income tax purposes; however, under limited circumstances dues may qualify as a business expense. SIGNATURE DΔTF **HOW TO BE INVOLVED!** Please indicate below if you wish to be informed about the CFT activities of the: ☐ Early Childhood/TK-12 Council ☐ Council of Classified Employees ☐ Community College Council ☐ University Council ☐ Council of Retired Members

▶ Mail to CFT, 2550 North Hollywood Way, Suite 400, Burbank, CA 91505. If you have any questions, please call the CFT at 818-843-8226.





## **MEMBERSHIP-AT-LARGE**Automatic Payment Request

Please PRINT CLEARLY.	
NAME (AS IT APPEARS ON YOUR CHECKING ACCOUNT)	
ADDRESS	CITY AND ZIP
EMAIL	TELEPHONE
AFT LOCAL UNION NAME AND NUMBER (IF APPLICABLE)	
ABOUT AUTOMATIC BANK PAYMENT	
■ Your dues will be automatically deducted from your pe	ersonal checking account each month.
■ This automatic method is good for banks, savings and	loans, and certain credit unions in California.
■ Please return this signed authorization and include a	check for past dues, if any.
■ Please attach a personal check with "Void'" written a	cross it.
WITHDRAWAL AUTHORIZATION	
	Teachers to initiate a withdrawal from my personal monthly amount of dues) for □ 10 months □ 12 months ge this withdrawl from my bank or financal institution to
☐ I have included a personal check with "Void" w	ritten across it.
I understand that I may cancel this authorization at any Suite 400, Burbank, CA 91505.	time by notifying the CFT at 2550 North Hollywood Way,
SIGNATURE	DATE

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