JOIN THE UNION!



MEMBERSHIP-AT-LARGE

PLEASE PRINT CLEARLY

NAME	
MAILING ADDRESS	CITY AND ZIP
EMAIL	TELEPHONE
DATE OF BIRTH	SOCIAL SECURITY NUMBER
EMPLOYER	POSITION 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 2023-24 academic year:

- Full-time employees: Gross salary over \$55,884 per year \$483.60
- Part-time, substitute, and other employees: Gross salary \$55,884 or less per year \$246
- Part-time, substitute, and other employees: Gross salary \$18,205 or less per year \$127.20
- Part-time, substitute, and other employees: Gross salary \$11,054 or less per year \$67.80
- 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.

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DATE

 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

 Universities Council
 Council of Retired Members

GET INVOLVED



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 personal 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 across it.

WITHDRAWAL AUTHORIZATION

I HEREBY AUTHORIZE the California Federation of Teachers to initiate a withdrawal from my personal checking account each month for \$______ (monthly amount of dues) for □ 10 months □ 12 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 have included a personal check with "Void'" written across it.

I understand that I may cancel this authorization at any time by notifying the CFT at 2550 North Hollywood Way, Suite 400, Burbank, CA 91505.

SIGNATURE

DATE

