

JOIN THE UNION!

AFT LOCAL NAME (PRINT)		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 \$5 \$10 \$_____ (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.

SIGNATURE	DATE
-----------	------

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 purposes.

ORIGINAL-LOCAL UNION YELLOW COPY-DISTRICT

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

Yes, I'd like to accept \$10,000 of AFT Group Term Life Insurance, underwritten by ALL AMERICAN LIFE Insurance Company, which is available to me at no cost for one full year as a new AFT member. After one year, I will be invited to continue the insurance.

NAME		
DATE OF BIRTH	SOCIAL SECURITY NUMBER (REQUIRED)	
HOME ADDRESS		
CITY	STATE	ZIP
() ()		
PHONE NUMBER	EMAIL	
AFT LOCAL NAME		LOCAL NUMBER
MY BENEFICIARY IS TO BE		RELATIONSHIP

I understand that this officially sponsored AFT Group Term Life Insurance is made available at absolutely no cost to me for one full year and that no representative of the underwriting company will call me personally. I further understand that this insurance is conditional only upon: being a new member of the American Federation of Teachers; being under age 60; not having been insured under the American Federation of Teachers Group Policy at any prior time; actively working; and upon the completion and return of this form to the Insurance Administrator. At that time, the Administrator will issue a Certificate of Insurance in my name.

SIGNATURE	DATE
-----------	------

FOR OFFICE USE ONLY	EFF	REN. DATE	ID
---------------------	-----	-----------	----

American Federation of Teachers, AFL-CIO

Insurance Activator Form