

LAST	FIRST	SITE
NON WORK EMAIL	BIRTHDATE	EMP ID#
ADDRESS		SS# (last 4 digits)
CITY	ZIP	PHONE#



**POWAY FEDERATION OF TEACHERS
AFT LOCAL 2357**

2018-2019

PFT/CFT/AFT Dues <input type="checkbox"/> \$107.13 full-time <input type="checkbox"/> \$53.57 part-time <i>(less than 75%)</i> <input type="checkbox"/> \$26.79 part-time <i>(less than 50%)</i>	<p>This authorization will remain in effect and shall be irrevocable unless I revoke it by sending written notice to PFT Local 2357 during the period not less than 30 days and not more than 45 days before 1) the annual anniversary date of this agreement or 2) the date of termination of the applicable contract between the employer and PFT Local 2357 whichever occurs sooner. This authorization shall be automatically renewed as an irrevocable check off from year to year unless I revoke it in writing during the window period, irrespective of my membership in PFT Local 2357. <i>Union dues may not be deductible for federal income tax purposes; however, under limited circumstances dues may qualify as a business expense.</i></p>
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Dues Deduction Authorization- SIGNATURE _____ DATE _____

COPE Political Action (voluntary) <input type="checkbox"/> \$1.00 <input type="checkbox"/> \$7.00 <input type="checkbox"/> \$3.00 <input type="checkbox"/> \$9.00 <input type="checkbox"/> \$5.00	<p>I hereby authorize PUSD to deduct from my salary the sum checked to the left, per pay period and forward that amount to PFT Local 2357 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 PFT Local 2357 COPE to make political contributions. PFT Local 2357 COPE may engage in joint fundraising efforts. This voluntary authorization may be revoked at any time by notifying PFT Local 2357 COPE in writing of the desire to do so. <i>Contributions or gifts to PFT Local 2357 COPE are not deductible as charitable contributions for federal income tax purposes.</i></p>
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COPE Deduction Authorization- SIGNATURE _____ DATE _____

TOTAL TENTHLY DEDUCTION \$ _____ I hereby request and voluntarily authorize my employer to deduct from my earnings and pay over to PFT Local 2357 the regular monthly dues and any voluntary COPE deduction uniformly applicable to members of PFT Local 2357.

I hereby request and voluntarily accept membership in PFT Local 2357 and I agree to abide by its Constitution and Bylaws. I authorize PFT Local 2357 to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with the Poway Unified School District.

Membership Authorization- SIGNATURE _____ DATE _____