

Shoreline CC Federation of Teachers (SCCFT)

Local Name

1950

Local #

**MEMBERSHIP/RECOMMITMENT APPLICATION**

I join the effort to help build a better life at my workplace, for students, for colleagues, and for my community because by **Standing Together . . . We Move Forward!** Union membership helps us **build a strong and united voice** to strengthen all workers’ rights, such as the right to organize and to improve wages, benefits, and working conditions.

Name

Job Title Employment Status:  Full-time  Part-time

Home Address City Zip

\*Personal/Non-work Email | | | | | | | | | | | | | | | | | | | | | | |

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Cell Phone Home Phone

* *I want to get alerts about what is happening in my union by opting in to receive Text Messages from AFT Washington. I understand AFT Washington will never charge me for text alerts but that my carrier’s message and data rates may apply.*
* **I want to be a member and receive all rights of union membership, including the right to have a voice about contract changes, the right to vote for officers, and the right to vote on contract ratification**. Membership in my Local Union includes membership in the American Federation of Teachers (AFT), AFT Washington, AFL-CIO, and my Local Union. I understand my dues make possible the many services and benefits of the union and our affiliates. As a member, I will receive regular publications from AFT Washington and constituency-based publications from AFT. I will also be eligible for AFT Plus services and benefits, including financial, technology, travel, discounts, scholarships, and health benefits. Effective immediately I hereby voluntarily authorize my employer to deduct from my pay the amount of dues according to the bylaws and constitution of the union. This voluntary authorization and assignment shall be irrevocable for a period of one year from the date of signature or until the expiration date of the collective bargaining agreement between the employer and the union, whichever occurs sooner, and for year to year thereafter unless I give the employer and the union written notice of revocation not less than 10 days and not more than 25 days before the end of the annual period beginning with the date of my signature on this form, unless I am no longer in active pay status in an AFT bargaining unit. This card supersedes any prior payroll authorization card I signed. I recognize that my authorization of membership and dues deductions, and the continuation of such authorization from one year to the next, is voluntary and not a condition of my employment.
* As a member, I want to voluntarily participate in AFT Washington’s **Committee on Political Education (COPE) deduction program** which allows me to have a voice in our political endorsement process to elect labor-friendly and public education champions. Please provide me the information necessary to sign up and get started making a difference through my contributions. (**Must be a member to participate**.)

Signature Date

**I am willing to help my union with the following actions:**

# Wear a union button or t-shirt

* Attend a union event, training, or meeting
* Help with union social activities
* Be a union representative for my site/division

*\*AFT Washington prefers to not send e-mail to work addresses since the content of such e-mails is subject to disclosure under Washington’s Public Records Act. We also encourage you not to read or respond to such e-mails on school equipment, such as school-owned computers, because use of such school equipment could be the basis for an allegation that you violated Washington State’s Ethics Laws.*

AFT Washington, AFL-CIO, 625 Andover Park W., Ste. 111, Tukwila, WA 98188 | 206-242-4777 | wa.aft.org | Follow us on Facebook and Twitter @AFTWA

opeiu8/afl-cio Rev. 11/6/17