

MEMBERSHIP APPLICATION

Check one: Mr. Mrs. Miss Ms.

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET NO. CITY STATE ZIP

PHONE (____) _____ CELL (____) _____ BIRTHDATE ____/____/____

SOCIAL SECURITY# _____ E-MAIL ADDRESS _____

NAME OF SCHOOL _____ YEARS IN THIS SCHOOL _____

SCHOOL ADDRESS _____
STREET NO. CITY STATE ZIP

PLEASE LIST OTHER SCHOOLS AT WHICH YOU HAVE BEEN EMPLOYED AND THE TIME PERIOD FOR EACH SCHOOL:

CHECK ONE: Elementary (full-time) (\$36 per month) Secondary (full-time) (\$37 per month)
Elementary (part-time) (\$18 per month) Secondary (part-time) (\$18.50 per month)

PLEASE SIGN AND DATE BOTH AUTHORIZATIONS BELOW. **RETURN ENTIRE APPLICATION TO FCT OFFICE.**

DUES DEDUCTION AUTHORIZATION

I hereby designate the Federation of Catholic Teachers as my representative, for the purpose of collective bargaining, and I hereby request and authorize my employer, or any other member school of the Association which subsequently employs me during the period that this authorization form is in effect, and according to the arrangements agreed upon with the Union, to deduct from my salary and to transmit to the Union the dues, as certified by the Union. I hereby waive the right and claim for said monies so deducted and transmitted in accordance with this authorization, and release my employer and any other member school of the Association that subsequently becomes my employer during the period this authorization is in effect of any liability thereof. This authority shall be irrevocable for a period of one year, and shall continue in full force and effect for successive periods of one year unless revoked by me in writing to the member school that is my employer at the time of said revocation and to the Union during the thirty (30) day period designated by the Union in its By-Laws, subject to the provisions of Article XXVI of the Collective Bargaining Agreement.

DATE

EMPLOYEE'S SIGNATURE

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