



THE FEDERATION OF CATHOLIC TEACHERS

OPEIU - LOCAL 153 AFL-CIO

MEMBERSHIP APPLICATION & BENEFICIARY DESIGNATION

2153 Richmond Ave, Suite B-101, Staten Island, New York 10314

(718) 370-0081 ♦ (800) 280-8610 ♦ Fax: (718) 370-0821 ♦ Email: Info@fct153.org

PLEASE PRINT CLEARLY Check one: Mr. Mrs. Miss Ms.

SOCIAL SECURITY NO.

NAME: _____

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ADDRESS _____

STREET NO.

CITY

STATE

ZIP

PHONE _____

CELL _____

EMAIL _____

BIRTHDATE _____

NAME OF SCHOOL: Msgr. Farrell HS, 2900 Amboy Rd, Staten Island, NY, 10306

DATE OF HIRE _____

CHECK ONE: FULL TIME: \$51.00 per month

PART TIME: \$25.50 per month

Previous member of FCT/Local 153? YES NO

If YES, give date of termination _____

Please list other schools at which you have been employed and time period for each school:

BENEFICIARY INFORMATION

LOCAL 153 DEATH BENEFIT TO BE PAID TO:

(Use Full Name)

RELATIONSHIP (...husband, wife, father, mother, son, daughter, friend, etc.)

SOCIAL SECURITY #:

Beneficiary Address: _____

STREET NO.

CITY

STATE

ZIP

OPEIU DEATH BENEFIT TO BE PAID TO:

(Use Full Name)

RELATIONSHIP (...husband, wife, father, mother, son, daughter, friend, etc.)

SOCIAL SECURITY #:

Beneficiary Address: _____

STREET NO.

CITY

STATE

ZIP

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

DUES DEDUCTION AUTHORIZATION

APPENDIX F

I hereby request and authorize Msgr. Farrell High School, according to the arrangements agreed upon with the Union, to deduct from my salary and to transmit to the Union the dues/agency fee, 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 Msgr. Farrell High School of any liability thereof. This authority shall be irrevocable for a period of one year unless revoked by me in writing to Msgr. Farrell High School and to the Union during the thirty (30) day period designated by the Union in its By-Laws.

DATE _____

EMPLOYEE'S SIGNATURE _____