## **Northside AFT Membership Application**

Referred by: \_\_\_\_\_

Please print clearly:	New member	□Update P	rofile/Pavmen
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Campus:\_\_\_\_\_

FULL NAME:		Education Federational
PERSONAL EMAI	L ADDRESS:	
OOB:	SSN (LAST 4 DIGITS: EMPLOYEE	ID:
BILLING ADDRESS		APT:
CITY:	STATE:	ZIP:
HOME PHONE:	CELL PHONE:	
POSITION:		
CAMPUS NAME:	CTION DOES NOT INCLUDE COVERAGE FOR SITUATIONS THAT OCCU	····
amount and membersh period beginning Septe local, state or national of and future years, include incurred due to invalide any changes to my em NAFT does not represe	FT to draft from my bank account, credit card, or payroll for the hip dates listed on this application. Dues are based on a 12-month ember 1st-Aug 31st. The dues amount may change if required by constitutions. Deductions will continue for the current school year ding any increases in dues. I accept all responsibility for any fees payment information, insufficient funds or failure to notify NAFT of ployment status with NISD. Open enrollment through the year. ent administrators.  Sition will remain in effect until terminated in writing by me.  Teacher and Certified Professional Member	The Northside AFT PAC collects voluntary contributions from members and uses those contributions to support political candidates (\$2 per month for certified staff and \$1 per month for non-certified staff). It is important that we elect pro-public education people who will support our efforts. Contributions to NAFT PAC help us do that.
\$32.50	Non-Certified Member (IA, Custodian, Food Service, Bus Driver, or monitor, maintenance)	I decline to contribute to the Political Action Committee and I understand that this will not in any way affect my
(THE MEMBER IS	PLEASE CHOOSE ONE RESPONSIBLE FOR ENSURING THE CORRECT AMOUNT IS DEDUCTED)	membership status or "rights."initials
Payroll deduct  Bank Draft	tion  Account type Checking Savings	I would like to add the following contribution to the NAFT PAC
Bank Name:		\$4 Per Month
Account #	Routing #:	\$5 Per month
Credit Card Visa	Mastercard AMEX	\$8 Per Month (recommended)
_	masterioard	\$10 Per Month
	Expiration Date: CVV	Other
Membership	o dues paid by check or money order are required to be paid in full	
Check #:	Money Order #	
Signature:	Γ	)ate <sup>.</sup>