



Illinois Federation of Teachers-American Federation of Teachers



I hereby apply for membership in the Union and agree to abide by its Constitution and Bylaws. I authorize the Union to act as my exclusive representative in collective bargaining over wages, hours, and other terms and conditions of employment with my Employer. My membership in the Illinois Federation of Teachers (IFT) and my Local Union, including any other Local Union which is my exclusive bargaining representative and is affiliated with the IFT, shall be continuous unless I notify my Local President in writing that I intend to resign.

Signature _____ Date _____

During my employment, I hereby voluntarily authorize and direct my Employer to deduct from my pay each pay period, regardless of whether I am or remain a member of the Union, an amount equal to dues certified by the Union, and to remit such amount monthly to the Union. I understand that signing this card is not a condition of my employment.

This voluntary authorization and assignment shall be irrevocable, regardless of whether I am or remain a member of the Union, for a period of one year from the date of authorization and shall automatically renew from year to year unless I revoke this authorization by sending written notice to the Union by the United States Postal Service postmarked between August 1 and August 31.

Payments to the Union are not deductible as charitable donations for federal income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses.

By providing my cell phone number, I understand that the Union and its affiliates may use automated calling technologies and/or text message me on my cell phone on a periodic basis, and that I can unsubscribe from these messages. The Union will never charge for text message alerts; carrier message and data rates may apply to such texts.

Signature _____ Date _____

MEMBER DATABASE INFORMATION (All information will be kept strictly confidential.)

Name (Please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Home Email: _____

Best way to contact me (Please choose one): Text ___ Email ___ Cell ___ Home ___

Birth Date _____ Last 4 Digits of SSN: _____

School name/Program/Worksite: _____ Job Title: _____

AFT Union: SW Suburban Fed of Teachers Local 943 Council Name: _____

ATTENTION Council Treasurers -- Please check appropriate box(es):

Dues Rate (Check one): Full ___ Half ___ Quarter ___ Eighth ___ On Leave ___
Job Classification (Check one): Certified - Full time ___ Certified - Part time ___ Non-Certified/Classified Staff ___

Internal Purposes Only

