OWN YOUR POWER



Texas AFT (American Federation of Teachers) members may use this official form to enroll in our union's new dues payment system using bank draft. Taking this proactive step right now will ensure that the voice of hard working public school employees remains strong.

The new dues payment system will begin depending on your local affiliate's implementation schedule. You will be informed of the conversion date from payroll deduction to the new alternative system. Details available at www.texasaft.org or call 1-800-252-9350. Here is the best way to sign up: Go to https://ioin.aft.org



		1 exas Ar I
1. YOUR INFORMATION PLEASE PRINT CLEARLY	2018 – 2019 School Year	☐ New Member / ☐ Update Profil
NAME:	DOB:	SSN (Last 4 Digits):
PERSONAL EMAIL:		
HOME PHONE:	CELL PHONE:	☐ Opt-In for Text Msg Alerts
MAILING ADDRESS:		APT:
CITY:	STATE: TX	ZIP:
POSITION:		
DISTRICT (ISD): FBAFT	CAMPUS NAME:	
2. BUILD A POWERFUL VOICE ► JOIN COPE	Ē	
JOIN OUR COMMITTEE ON POLITICAL EDUCATION (COPE): Memb- public school candidates by making a regular monthly contribution dues amount.		
Make a monthly contribution to COPE: ☐ \$5 ☐ \$7 ☐ \$10 Re	commended 🗆 \$8 🗆 Other \$	
SIGNATURE FOR COPE:	DATE (COPE AUTHORIZATION):	
3. DROP PAYROLL DEDUCTION ► Confrom the district payroll deduction		•
I authorize <u>FORT BEND</u>	I.S.D. to discontinue my payroll	dues deductions for the following organization(s):
☐ FORT BEND EMPLOYEE FEDERATION ☐ ATPE	☐TCTA ☐TSTA PEOPLESOFT ID	#
Signature:	Date:	:
4. OWN YOUR POWER ► NEW DUES PAYN	IENT PROCESS	
TEXAS AFT LOCAL AFFILIATE NAME: FBAI	T .	
ELECTRONIC DUES PAYMENT: I authorize the above named entity by local, state or national constitutions. I authorize my bank to adjuterminated in writing by me. These deductions will continue for this	ust my monthly payment when notified by the na	amed entity listed above. This authorization remains in effect until
BANK NAME:	ACCOUNT TYPE:	□ CHECKING □ SAVINGS
BANK ROUTING NUMBER:	BANK ACCOUNT NU	MBER:
DUES AMOUNT TO BE DEDUCTED:		

Fort Bend AFT 12621 W. Airport Ste. 400 Sugar Land, Texas 77478

SIGNATURE:

Membership Dues: Teachers/Certified Employees

Employees earning \$25,000 or less Employees earning \$15,000 or less Employees earning \$15,000 or less

DATE:

(24 checks) \$24.56 (24 checks) \$15.17

(24 checks) \$11.15 (20 checks) \$13.39 Ph: 281-240-1865 Fax: 281-240-1001