STANDING TOGETHER: SIGN ME UP!

www.691.mo.aft.org ▪ Phone: 816-756-1818 ▪ Fax: 1-866-531-5591

FIRST NAME _____ LAST NAME _____

BILLING ADDRESS _____
Street City State Zip

HOME PHONE _____ CELL PHONE _____

HOME EMAIL _____ BIRTHDATE _____
Month Day Year

☐ I wish to receive important periodic text messages. NOTE: While KCFT will never charge for this service, your carrier's message and data rates may apply.

EMPLOYMENT START DATE_____ JOB TITLE _____

WORK LOCATION _____

Who recruited you?_____

MONTHLY DUES

Certified Employees	$82.80
12-month Classified Employees	$41.40
10.5-month Classified Employees	$47.31
Other Part-time Employees	$23.66

MONTHLY COPE AMOUNT I WISH TO DONATE ☐$5 ☐$10 ☐$15 ☐OTHER _____

Please choose either Bank Draft or Card Payment:

BANK DRAFT **PREFERRED METHOD**

Fill out below or simply attach a voided check.

BANK NAME_____

ROUTING NUMBER _____ ACCOUNT NUMBER_____

CARD TYPE: ☐ VISA ☐ Master Card NAME ON CARD_____

CARD NUMBER_____ EXP. DATE_____ SECURITY CODE_____

I authorize the American Federation of Teachers—Missouri (AFT Missouri/Kansas City Federation of Teachers and School-Related Personnel) to deduct monthly dues for membership in accordance with the AFT Missouri Constitution and bylaws, the AFT Constitution, and/or in accordance with the constitution of any local union that is affiliated with the state federation (AFT Missouri). Dues payments are not deductible as charitable contributions for federal income tax purposes, but a portion thereof may be deductible as a miscellaneous itemized deduction. The monthly dues amount may change if authorized according to the requirements of the local, state, or national constitutions. If this happens, I authorize my bank or credit card to adjust my monthly payment when notified by AFT Missouri or my local union. These deductions shall be made monthly and continue until AFT Missouri is given written authorization of revocation.

I hereby authorize a monthly contribution to the Kansas City Federation of Teachers and School-Related Personnel Committee on Political Education (KCFT COPE) in the amount indicated above. This authorization is signed freely and voluntarily and not out of any fear of reprisal, and I will not be favored nor disadvantaged because I exercise this right. I understand this money will be used to make political contributions by AFT/COPE. AFT/COPE may engage in joint fundraising with the AFL-CIO. This voluntary authorization may be revoked at any time by notifying AFT Missouri in writing of the desire to do so. Contributions or gifts to KCFT COPE are not deductible as charitable contributions for federal income tax purposes. Contributions cannot be reimbursed or otherwise paid by any other person or entity. Candidates may include individuals running for boards of education; city or county offices; the state legislature and other offices.

SIGNATURE_____ DATE_____

To receive your rebate:

1. Fill out the Membership application completely

2. Turn it in to KCFT & SRP on or before September 15.

3. Sign below

Terms and conditions: Offer good on new memberships from August 1 through September 15, 2016. Rebate check will be sent by either inter district mail or postal mail within one week of KCFT & SRP receipt of application. Membership may not be terminated before the end of the 2016-17 school year. By signing below, you agree to these terms and conditions.

Signature:_____