



# MEMBERSHIP APPLICATION

**KCFT & SRP LOCAL 691**, 3901 Main St., Ste. 201, KCMO 64111  
816-756-1818 fax 1-866-531-5591 [kcft691@sbcglobal.net](mailto:kcft691@sbcglobal.net)

NAME: \_\_\_\_\_ Last 4 of SS# \_\_\_\_\_

SCHOOL: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ PERSONAL EMAIL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

I would like to receive important text updates (standard data and message rates apply)

Who recruited you?: \_\_\_\_\_

### **SALARY DEDUCTION ORDER**

I hereby authorize the Board of Education of Kansas City Public Schools to deduct from my salary such amount as may be necessary to pay my regular Membership dues in the KCFT & SRP (Kansas City Federation of Teachers and School-Related Personnel) as are now or may hereafter be fixed by the Constitution of KCFT & SRP, said deductions to be deducted in equal installments during each school year and remitted to said KCFT & SRP.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Committee on Political Education (COPE) Voluntary Deduction**

I hereby authorize the Board of Education of Kansas City Public Schools to deduct \$1.00 (or the amount filled in the following space \$\_\_\_\_\_) per pay period, and forward that amount to the KCFT & SRP COPE fund.

This authorization is signed freely and voluntarily and not out of any fear of reprisal and I will not be favored or disadvantaged because I exercise this right. I understand this money will be used to make political contributions for KCFT & SRP and COPE.

Contributions or gifts to KCFT&SRP/COPE are not deductible as charitable contributions for federal income tax purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_