ALL TOGETHER FOR PUBLIC EDUCATION
SIGN ME UP!
www.691.mo.aft.org  Phone: 816-756-1818  Fax: 1-866-531-5591

NAME ____________________________ Preferred First Name____________________

BILLING ADDRESS
Street __________________________________ City ____________________________ State ______ Zip ______

HOME PHONE _________________________ CELL PHONE ________________________

HOME EMAIL _________________________ BIRTHDATE ____________________________
Month ______ Day ______ Year ______

EMPLOYMENT START DATE_____________ JOB TITLE ___________________________

WORK LOCATION ____________________ Who recruited you? ________________

DUES PER PAY PERIOD
Annual dues are divided into the same payment periods as annual pay. Each pay period, a portion of each member’s dues goes to AFT National ($19.58), AFT Missouri ($3.34) and KC Labor Council ($ .75).

Certified Employees $40.00
10.5-month Classified Employees $22.85
12-month Classified Employees $20.00

Please choose either Bank Draft or Card Payment:

BANK DRAFT
Fill out below or simply attach a voided check.

BANK NAME __________________________________________ ROUTING NUMBER __________ ACCOUNT NUMBER _________________

CREDIT/DEBIT CARD

CARD TYPE: ☐ VISA ☐ Master Card ☐ Discover ☐ American Express NAME ON CARD __________________________
CARD NUMBER ____________________________ EXP. DATE __________ SECURITY CODE __________

I authorize the KCFT & SRP (Kansas City Federation of Teachers & School-Related Personnel) to deduct monthly dues for membership in accordance with the KCFT & SRP Constitution and bylaws and the AFT Constitution. Dues payments are not deductible as charitable contributions for federal income tax purposes. 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 payment when notified by KCFT & SRP. I understand that annual dues are divided into the same number of payments as my annual salary, and that these deductions shall be made at the same time as each paycheck and continue until KCFT & SRP is given written authorization of revocation, unless the written notice is between April 16 and the beginning of the next school year. In that case, dues will be stopped after the last paycheck date of the school year in which the written notice is tendered. If KCFT & SRP is unable to deduct said dues from my bank account, or if the need to switch otherwise arises, 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 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 __________________

Turn in your application by one of the following methods: 1. Inter district mail (to AFT) 2. Hand it to your Building Representative 3. Text it to 816-756-1818 4. Email it to kim@aft691.org

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