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 ___________________________ EMPLOYEE # ______

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 $20.00
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

Printed In House/Kansas City Federation of Teachers and School-Related Personnel
To receive your rebate:

1. Fill out the Membership application completely

2. Turn it in to KCFT & SRP on or before September 30.

3. Sign below

Terms and conditions: Offer good on new memberships from July 29 through September 30, 2019. 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 2019-20 school year. By signing below, you agree to these terms and conditions.

Signature: ______________________________________________________________________