



ALL TOGETHER FOR PUBLIC EDUCATION SIGN ME UP!

www.691.mo.aft.org ■ Phone: 816-756-1818 ■ Email: aft691@aft691.org

NAME _____ Preferred First Name _____

BILLING ADDRESS _____
Street City State Zip

HOME EMAIL _____ BIRTHDATE _____ PHONE _____
mm/dd/yy

JOB TITLE _____ WORK LOCATION _____ EMPLOYEE # _____

APPROXIMATE DATE OF HIRE _____ WHOM CAN WE THANK FOR YOUR MEMBERSHIP? _____

DUES PER PAY PERIOD FOR THIS SCHOOL YEAR

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 \$40.50

12-Month Classified \$20.25

10.5-Month Classified \$23.14

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 _____