



2019-2020 UNION DUES DEDUCTION ENROLLMENT/ MEMBERSHIP APPLICATION

District I.D. # _____ DOB: ____/____/____

Mark one: Mr. Mrs. Ms. Dr. Phone: Cell Home _____

Name: _____

Street Address: _____ City: _____

Zip: _____ Non-Work E-mail Address: _____

School/Work Site: _____ SSN: ____/____/____

P.O. Box 5266
334 Centre Street
Dallas, Texas 75208
DISD Box 124
Office: 214-942-4663
FAX: 214-942-2226
george@alliance-aft.org

Affiliated AFT / Texas AFT / AFL-CIO

For Office Use Member # _____ Processed by: _____

- Teacher, Registrar, Clerk, Security, Librarian, Paraprofessional, Food Service Worker, Office Manager, Counselor, Teacher Assistant, Food Service Supervisor, Maintenance, Nurse, Nurse Assistant, Supervisor, School Monitor, Retired, CRC/Data Controller, Lead Person, Bus Driver, Substitute, Secretary, Custodian/Helper, Bus Monitor, Psychologist, Educational Diagnostician, Community Liaison, Other

*Subject or Grade Level: _____

2019-2020 Monthly Rates:

Table with 2 columns: Category (Certified Professional Personnel, Substitutes, Retired, UTPAC contribution) and Rate (\$52.05, \$26.02, \$1.00, \$2.00)

Paraprofessionals and School Related personnel (PSRP's) Rates:

Table with 3 columns: Category (PSRP's (\$18,500 or more/Year), PSRP's (below \$18,500 /Year), UTPAC contribution) and Rates (Monthly: \$35.40, \$23.84, \$2.00; Bi-Weekly: \$17.70, \$11.92, \$1.00)

All applications for membership are reviewable by Alliance/AFT Executive Board. To remain in effect, membership must be kept in good standing as defined in the Constitution and By Laws of Alliance/AFT. All memberships are continuous until canceled or revoked IN WRITING.

The Alliance/AFT UTPAC collects voluntary contributions of \$2 per monthly pay period or \$1 per biweekly pay period and uses these contributions to support endorsed political candidates. Making a contribution is not a condition of membership, and members have a right to refuse to contribute without suffering any reprisal or loss of membership status, rights, or benefits. You may decline to contribute by initialing here: ____.

The grievance and legal resources of Alliance/AFT are available for use by members solely at the discretion of Alliance/AFT, which expressly reserves the right to determine the terms and scope of that representation, if any. Alliance/AFT reserves the right to deny legal funding for any reason, at any time, at its own discretion. Generally, persons who join Alliance/AFT with a pre-existing legal or grievance matter are not eligible for representation. However, any representation will also solely be at the discretion of Alliance/AFT. Any representation rights will cease upon cancellation or revocation of membership.



PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize DISD to deduct from my paycheck the amount shown above on the basis stated and to forward such amount monthly to the organization/union listed above. I understand that such deduction will continue until cancellation is authorized in writing. I further understand the employee organization shall determine any increase or decrease in dues on an annual basis and that such change shall be effective on September 1.

I have read and I understand the terms and conditions of membership: _____

Signature

Date

All changes should go through Alliance/AFT, not directly to DISD Payroll Department.