

APPLICATION FOR MEMBERSHIP

UNITED FEDERATION OF COLLEGE TEACHERS LOCAL #1130

I hereby apply for membership in the United Federation of College Teachers, an affiliate of the American Federation of Teachers. I understand that my dues make possible the services and benefits of the UFCT on our campus and on the state level, as well as those of the AFT and other affiliated union organizations.

Name: _____

Office Location: _____

Address: _____

Zip: _____

Phones: (Home) _____ Office: _____

E-Mail Address: _____

PAYROLL DEDUCTION AUTHORIZATION

I hereby request and authorize my employer to deduct from my salary an amount equal to (circle one) 1/9 or 1/12 of the annual UFCT dues amount** and forward same to the United Federation of College Teachers, Local 1130, as monthly dues to said organization. This deduction is to become effective _____ and is to remain in effect until revoked by me by written notice.

SIGNATURE _____

Social Security Number _____

Return this form to the:
Robert Lawyer, President
United Federation of College Teachers
P.O. Box 19402
New Orleans, LA 70179

-OR-

Your designated campus representative

Please contact us with questions at rlawyer@cox.net