

SSN:

6800 Park Ten Blvd #123 N, San Antonio TX, 78213 T: 210/733-9777 - F: 210/733-9780 - www.texasaft.org

**TOTAL MONTHLY AMOUNT: \$** 

1. YOUR INFORMATION Please print clearly		□ New M	ember / 🗆 Update Profile	
NAME:	DOB:		SSN:	
PERSONAL EMAIL:		NISD EMPLOYEE #:		
HOME PHONE:	CELL PHO	DNE:		
MAILING ADDRESS:			APT:	
CITY:	STATE:		ZIP:	
POSITION:				
DISTRICT (ISD): NORTHSIDE ISD	CAMPUS	NAME:		
2. LET'S MAKE A DIFFERENCE TOGETHER ➤ JOIN TODAY  YES, I WANT TO JOIN! Dues are based upon a 12-month period. The Texas AFT membership year is from Sept. 1 to Aug. 31.  □ Certified Personnel: \$40.00 per month □ Classified / Non-Certified Staff: \$18.00 per month				
☐ Certified Personnel: \$40.00 per month	⊔ Classi	tied / Non-Certified Stati	:: \$18.00 per month	
JOIN OUR COMMITTEE ON POLITICAL EDUCATION (COPE): Members are encouraged to make a voluntary contribution to our Committee on Political Education, Texas AFT COPE II. Help us support pro-public school candidates by making a regular monthly contribution. Change starts with you; let's make a difference together. Your COPE contribution will be added to your monthly dues amount.  Make a monthly contribution to Texas AFT COPE II: \$5 \$ \$7 \$ \$10 \$ Recommended \$8 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				
years, including any increases in dues, until terminated by me in writing.  BANK NAME:	ACCOUNT	ACCOUNT TYPE: ☐ CHECKING ☐ SAVINGS		
BANK ROUTING NUMBER:		BANK ACCOUNT NUMBER:		
SIGNATURE:	DATE:			
CHECK OR MONEY ORDER PAYMENT OPTION ► Full annual membership dues payment is required when using this method.				
☐ Check ☐ Money Order ☐ \$480.00 Certif	ied Staff	☐ \$216.00 Classified Staff	CHECK #:	
<b>PAYROLL DEDUCTION:</b> I hereby authorize the Northside I.S.D. to deduct my dues/fees to the American Federation of Teachers/Texas AFT. These deductions should begin following my signing of this authorization form. These deductions shall be made in equal amounts for as long as I am employed, or until I request in writing that the deductions be discontinued, whichever occurs first. The dues/fees will be prorated as appropriate. These deductions will continue for this school year and future years, including any increase in dues/fees that may occur, and until written notification is given revoking this authorization.				
SIGNATURE:	PRINTED NAME:			

DATE: