

Alief American Federation of Teachers and School Employees Membership Application

Here's how to join AAFITSE Local # 6346

- 1) Fill out the application below by typing in the boxes. When you have finished, print this form and sign and date where indicated.
- 2) Remit this page to AAFITSE using one of the following methods:
 - a) FAX: 281-589-6648
 - b) US Mail: AAFITSE 11222 Richmond Ave. Suite 105 Houston, TX. 77082
 - c) Interoffice Mail: Send to AAFITSE Vice President, Donnie Riggs @ Klentzman Intermediate

First Name:	<input style="width: 95%;" type="text"/>	Middle Initial:	<input style="width: 95%;" type="text"/>	Last Name:	<input style="width: 95%;" type="text"/>
Home Address:	<input style="width: 98%;" type="text"/>				
City:	<input style="width: 95%;" type="text"/>	State:	<input style="width: 95%;" type="text"/>	Zip code:	<input style="width: 95%;" type="text"/>
Home Phone:	<input style="width: 95%;" type="text"/>	Email Address:	<input style="width: 98%;" type="text"/>		
Social Security Number:	<input style="width: 95%;" type="text"/>	Campus: <small>If you do not see your facility, please type it in.</small>	<input style="width: 98%;" type="text"/>		
Job Title: <small>If you do not see your job title, please type it in.</small>	<input style="width: 95%;" type="text"/>	Room number:	<input style="width: 95%;" type="text"/>	referred by: <small>please tell us who referred you.</small>	<input style="width: 95%;" type="text"/>

Payroll Deduction Form

2007-2008 Chartered Local Dues Per Pay Period:

- Employees earning \$35,000 a year or higher:** \$19.20
- Employees earning \$15,000-\$34,999 a year:** \$13.03
- Employees earning \$15,000 or lower a year):** \$9.95

I hereby authorize the Alief ISD to deduct monies from my salary as indicated, to the Alief American Federation of Teachers and School Employees . These deductions should be made in equal amounts for each pay period during the year, for as long as I am employed, or until I request in writing that the deductions be discontinued whichever occurs first. These deductions will be prorated as appropriate. AAFITSE will provide notification of the amount which should be deducted. These deductions will continue for this school year and future years, including any increase in dues that may occur and until written notification is given revoking this authorization. Upon resignation, retirement, leave of absence, or termination of employment, I further authorize any unpaid yearly balance to be deducted from my final payroll check.

Signature box: <small>(Sign this box after you print the form)</small>	DATE: <small>(Date this box after you print the form)</small>
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the Alief American Federation of Teachers and School Employees Committee on Political Education (AAFITSE COPE) collects voluntary contributions from members in the amount of \$0.50 (fifty cents) per pay period and uses those funds to support political candidates who are aligned with our cause. AAFITSE COPE contributions work to provide us a means to recommend, endorse and support candidates for local school board elections and state and national political positions. Making a contribution is not a condition of membership, and members have the right to refuse to contribute without loss of membership status, rights or benefits. You may decline to contribute to AAFITSE COPE by initialing below.

"I decline to contribute to AAFITSE COPE, and understand that this will not in any way affect my membership status or rights" _____

Switching Organizations? Check which organization you wish to drop and we will send you a drop form.

- ATPE
 TSTA
 TCTA

For AAFITSE office use only. Do not write in this section.

Position verified: YES NO _____	NOTES to Payroll: _____
Salary Verified: YES NO _____	
Needs packet: <input type="checkbox"/> Received Packet: <input type="checkbox"/>	Dues Class: F FC H HC Q QC P PC