

Select one:

New Member     Update Profile

**1. YOUR INFORMATION**    *Please print clearly*

FIRST & LAST NAME     SSN

PERSONAL E-MAIL     DATE OF BIRTH

STREET ADDRESS     APT #

CITY     ZIP     HOME PHONE     CELL

POSITION TITLE     CAMPUS NAME

HOW DID YOU HEAR ABOUT US?

**2. MEMBERSHIP DUES**

*Based on your position with the district, select your appropriate comprehensive membership plans (dues are based upon 24-payroll periods):*

**Teacher & Certified Personnel** \$19.80 per pay check     **Non-Certified Support Personnel** \$12.73 per pay check

**3. PAYROLL DUES DEDUCTION AUTHORIZATION**

*Complete the portion below to begin paying your membership dues via payroll deduction*

I hereby authorize the Spring Branch I.S.D. to deduct my dues/fees to the Spring Branch American Federation of Teachers. 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.

**X** SIGNATURE: \_\_\_\_\_    PRINTED NAME: \_\_\_\_\_

SSN: \_\_\_\_\_    DATE: \_\_\_\_\_    TOTAL PER PAY PERIOD DEDUCTION: \$ \_\_\_\_\_

**DISCONTINUATION OF DUES/FEES FOR ANOTHER ASSOCIATION:**

I hereby authorize SBISD to cancel my dues/fees with the following association(s):  ATPE     TCTA     TSTA     OTHER \_\_\_\_\_

**4. JOIN OUR COMMITTEE ON POLITICAL EDUCATION (COPE)**

Members are encouraged to make a voluntary contribution to our Committee on Political Education. Help us support pro-public school candidates by making a regular monthly contribution. Change starts with you; let's make a difference together.

Make a monthly contribution to Spring Branch AFT COPE:  \$5     \$7     \$10    **Recommended**  \$8     OTHER \$

**X** SIGNATURE FOR COPE: \_\_\_\_\_    DATE (COPE AUTHORIZATION): \_\_\_\_\_

This authorization is signed freely and voluntarily and not out of any fear of reprisal, and I will not be favored or disadvantaged because I exercise this right. I understand this money will be used to make political contributions by Spring Branch AFT COPE. Spring Branch AFT COPE may engage in joint fundraising efforts with the AFT and AFL-CIO. A voluntary COPE authorization may be revoked at any time by notifying Spring Branch AFT in writing of the desire to do so. Texas law prohibits Spring Branch AFT from contributing general dues dollars to political campaigns. Contribution or gifts made to Spring Branch AFT COPE are not deductible as charitable contributions for federal income tax purposes. Contributions cannot be reimbursed or paid by any other person or entity.

OFFICE USE ONLY: Received on \_\_\_\_\_ / Received by \_\_\_\_\_ / Entered on \_\_\_\_\_ / Note: \_\_\_\_\_