



FULL-TIME MEMBERSHIP FORM AND AUTHORIZATION  
FOR DUES WITHOLDING FROM EARNINGS.

Please choose one membership below:

- Regular Member - Educational Activist** (.007 of base salary + affiliate per capita fees). This membership allows Coast Federation of Educators (CFE) to provide contributions to elected officials and ballot initiatives that benefit education. Includes membership in CFE Committee on Political Education (COPE).
- Regular Member – Local Non-Political** (.007 of base salary + affiliate per capita fees). This membership excludes the Coast Federation of Educators (CFE) from making direct contributions to political candidates and direct contributions to ballot initiatives with their funds.

Both Memberships include the following:

- FULL VOTING RIGHTS
  - Provide direct input into contract negotiation's priorities and vote on collective bargaining agreements
  - Voice and vote in choosing Union leadership
  - Participate in efforts to improve working conditions
  - Education advocacy in Sacramento
  - Eligible to serve as a CFE representative on campus wide committees (including hiring committees)
  - Invited to attend Union communication luncheons, social events and focus groups
  - May be elected or appointed as a Union leader, e.g. Site Representative, Negotiations Team member, Vice President, Treasurer, or President
  - May be provided extra-contractual assistance, e.g. matters outside the scope of the District-CFE contract
  - All benefits available through the American Federation of Teachers (AFT) and the California Federation of Teachers (CFT), e.g. complimentary legal consultations, scholarships, shopping, financial services, travel/entertainment, student debt clinic, identity theft clinics, professional liability insurance
  - Individual membership for Automobile Club of Southern California (AAA) \*
- I decline Union membership**  
I will not contribute to the costs needed to support collective bargaining (negotiations) for salary or working conditions improvements or the maintenance and enforcement of the collective bargaining agreement.
- NON-VOTING
  - Representation limited to what is dictated by law

**Signature:** \_\_\_\_\_

I hereby request and voluntarily accept participation in The Local and I agree to abide by its Constitution and Bylaws. I authorize The Local to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer.

I also authorize my employer to deduct dues and pay over to The Local. This authorization will remain in effect and shall be irrevocable unless I revoke it by sending a written notice to The Local. This authorization shall automatically renew as an irrevocable check-off from year to year unless I revoke it in writing.

**Signature:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Status (Circle One): Full-Time Part-Time

\* Benefit subject to change

**ACTIVATE \$5,000 OF GROUP LIFE INSURANCE AT NO COST TO YOU**

I am a new member within the last 12 months and I elect \$5,000 of group term life insurance which is available to me at no cost for one full year as a new AFT member. I want to be covered under the group plan for the benefits which I am or may become eligible for, as requested below. The AFT provides this insurance for one year as a benefit of membership. After one year, I will be invited to continue the insurance.

My beneficiary is to be **(PLEASE PRINT)**

Relationship

My gender is Male / Female

- I actively work in the Coast District (Retirees are not eligible)

I hereby certify that all statements and answers in this form are full, complete, and true to the best of my knowledge and belief. I understand that to be eligible for coverage I must be a new AFT member, actively working, and not currently insured under the Group Term Life Insurance plan for AFT members. I understand that my coverage will become effective on the first day of the month following the date this application is signed. The premiums for this insurance are being paid by AFT only for one year from the effective date. Any person who knowingly and with intent to defraud any insurance company or other person files an AFT application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties. Questions, phone toll-free **(888) 423-8700** or visit [www.aftbenefits.org](http://www.aftbenefits.org)

**Signature:** \_\_\_\_\_