

MEMBERSHIP APPLICATION

United Federation of Teachers
Local 2 • American Federation of Teachers, AFL-CIO
52 Broadway • New York, NY 10004 • (212) 777-7500

Check one:

Regular Teacher
 Per Diem
 Other

School Secretary
 Regular Substitute
 Guidance Counselor

Psychologist & Social Worker
 Laboratory Specialist
 Leave of Absence Without Pay

Dues are collected during each pay period for all members except that 1/2 dues will be collected from those earning less than entering teachers salary. Leave of Absence Without Pay (\$10.00). Both halves of this card must be submitted to the United Federation of Teachers.

The UFT Constitution requires you to maintain a continuity of membership; a member in arrears will be dropped and forfeit all UFT benefits.

I HEREBY AGREE TO ABIDE BY THE UNITED FEDERATION OF TEACHERS CONSTITUTION AND ALL RELATED RULES AND REGULATIONS.

SIGNATURE DATE

PRINT NAME 2003/04

UNITED FEDERATION OF TEACHERS, AFL-CIO

Subject to the terms and conditions set forth in the Resolution adopted by the Board of Estimate on January 12, 1956 (Calendar No. 127) and in all resolutions amendatory or supplemental thereto now in existence or hereafter adopted, to which terms and conditions I consent and agree, I hereby authorize The City of New York to deduct in each regular payroll from my salary or wages the amount of my union dues as certified by the United Federation of Teachers and to pay over said sum to the Employee Organization Check-off Committee described in such resolution or resolutions in payment of my dues in the above captioned employee organization on condition that said employee organization through said committee, pay to The City of New York all costs and expenses determined by The City of New York as incurred by the City in connection with carrying out the plan authorized by said resolution or resolutions.

There shall be no change in the amount of the dues deduction without prior notice to the undersigned employee member.

It is understood that this authorization is irrevocable until the following June 30 and automatically renewable for another year unless written notice is given to the department or agency of The City of New York in which I am employed between June 15 and June 30.

SIGNATURE OF EMPLOYEE X DATE

PRINT NAME

NAME
First _____ Initial _____ Last _____

FILE #

HOME ADDRESS
Number _____ Street _____

.....
City _____ State _____ Zip Code _____

HOME PHONE # E-MAIL
Area Code/Number

SOCIAL SECURITY #

SCHOOL & BORO

MEMBERSHIP APPLICATION

PRINT NAME ON BOTH SIDES OF CARD

(SEE REVERSE SIDE)

AUTHORIZATION FOR DEDUCTION OF DUES

PRINT ALL INFORMATION

FILE # SCHOOL & BORO

NAME
First _____ Initial _____ Last _____

HOME ADDRESS
Number _____ Street _____

.....
City _____ State _____ Zip Code _____

SOCIAL SECURITY #

HOME PHONE # E-MAIL
Area Code/Number

UNITED FEDERATION OF TEACHERS

Local 2 • American Federation of Teachers, AFL-CIO

52 Broadway, New York, NY 10004

2003/04

PRINT NAME ON BOTH SIDES OF CARD

(SEE REVERSE SIDE)

PARAPROFESSIONAL MEMBERSHIP APPLICATION

UNITED FEDERATION OF TEACHERS
Local 2 • American Federation of Teachers, AFL-CIO
52 Broadway, New York, NY 10004 • (212) 777-7500

CHECK JOB TITLE: Teacher Aide Educational Associate
 Educational Assistant Auxiliary Trainer
 Bilingual Professional Assistant
 Other

BOTH halves of this card must be mailed to the United Federation of Teachers. The UFT Constitution requires you to maintain a continuity of membership; a member in arrears will be dropped and forfeit all UFT benefits.

I HEREBY AGREE AND ABIDE BY THE UNITED FEDERATION OF TEACHERS CONSTITUTION AND ALL RELATED RULES AND REGULATIONS.

Print Name

Signature
2003

Date

AUTHORIZATION FOR DEDUCTION OF DUES

UNITED FEDERATION OF TEACHERS, AFL-CIO

Subject to the terms and conditions put forth in the Resolution adopted by the Board of Estimate on January 12, 1956 (Calendar No. 127) and in all resolutions amendatory or supplemental thereto now in existence or hereafter adopted, to which terms and conditions I consent and agree, I hereby authorize The City of New York to deduct in each regular payroll from my salary or wages the amount of my union dues as certified by the United Federation of Teachers and to pay over said sum to the Employee Organization Check-off Committee described in such resolution or resolutions in payment of my dues in the above captioned, employee organization, on condition that said employee organization, through said committee, pay to The City of New York, all costs and expenses determined by The City of New York as incurred by the City in connection with carrying out the plan authorized by said resolution or resolutions. There shall be no change in the amount of the dues deduction without prior notice to the undersigned employee member.

This authorization shall terminate and cease not later than five weeks (if I am a semi-monthly, monthly or bi-weekly paid employee) or not later than three weeks (if I am a weekly paid employee) after the department or agency of The City of New York in which I am employed receives written notice from me revoking and canceling the same.

Signature of employee 

Date

Print Name



Name First Initial Last
Home Address Number Street
..... City State Zip Code
Social Security # EIS #
Home Phone # E-MAIL
Area Code/Number
School & Borough

**PARA-PROFESSIONAL
MEMBERSHIP APPLICATION**

PRINT ALL INFORMATION

(See Reverse Side)

Name First Initial Last
Home Address Number Street
..... City State Zip Code
Social Security # EIS #
Home Phone # E-MAIL
Area Code/Number
School & Borough

UNITED FEDERATION OF TEACHERS
Local 2 • American Federation of Teachers, AFL-CIO
52 Broadway, New York, NY 10004

PRINT ALL INFORMATION

(See Reverse Side)

2003



PERSONAL INFORMATION CHANGE FORM

Use this form to notify the UFT Membership Department of one of the following:

- Change of name
- Change of address or
- Change of telephone number

Please check one: day school/pedagogical paraprofessional retired other _____

Please print the following information:

Your Social Security Number (last four digits)		EIS # _____
<u> X X -</u> <u> X -</u> _____		FILE # _____
Last Name _____		
First Name _____		

Street Address	Apt. # _____	
City	State	Zip Code
Home Telephone Number		E-mail
<u> ()</u> <u> - </u>		
School/Site	Boro	School Telephone Number <u> ()</u> <u> - </u>

IN ORDER TO PROCESS THIS REQUEST, YOUR SIGNATURE AND DATE MUST APPEAR BELOW.

Signature _____

Date _____ / _____ / _____

PLEASE BE ADVISED THAT INCORRECT INFORMATION MAY DELAY YOUR ACCESS TO BENEFITS.