

## 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 .....

65000000

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

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2003/04

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(SEE REVERSE SIDE)