


Last Name		First Name			Date	
Home Mailing Address		City	State	Zip	Department	
Work Phone	Home Phone		Email		Division	
<p><b>Membership dues</b> are based on 1.02% of gross salary for all terms, including overload units.</p> <input type="checkbox"/> New as of _____ term <input type="checkbox"/> Change		 <b>CABRILLO COLLEGE FEDERATION OF TEACHERS</b> AFT Local #4400 <b>Membership Card</b> <small>CCFT dues are not deductible as charitable contributions for federal income tax purposes. However, under limited circumstances, they may be deductible as a business expense.</small>			<p>I hereby authorize the current CCFT payroll deductions, as set by CCFT and affiliated organizations, to be paid as membership dues as opposed to agency fee deductions.  <b>This authorization will remain in effect until I revoke it in writing, and shall be effective as of my next pay warrant.</b></p> <p>_____</p> <i>Signature</i> <p>_____</p> <i>Date</i>	
Employment Status <input type="checkbox"/> Contract/Regular <input type="checkbox"/> Part-Time: _____ units						
<input type="checkbox"/> Associate Member      \$3.00/month (Faculty emeritus, administrators, and others)						
<input type="checkbox"/> Political Action <b>ADDITIONAL AND OPTIONAL</b> ~please see reverse ~						

6/15/2007

Please return completed card to the CCFT mailbox in the Cabrillo College mailroom