Last Name			First Name						Date
Home Mailing Address C			ity		State		Zip	De	epartment
Work Phone	Home Phone	ome Phone		Email					Division
Membership dues are based on 1.17% of gross salary for all terms, including overloa			and the second	 			by authorize the		ent CCFT payroll and affiliated
☐ New as of term ☐ Change		CABRILLO COLLEGE			organizations, to be paid as membership dues as opposed to agency fee deductions.				
Employment Status Contract/Regular Part-Time: units		FEDERATION OF TEACHERS AFT LOCAL #4400				This authorization will remain in effect until I revoke it in writing, and shall be effective as of my next pay warrant.			
Associate Member \$3.00 (Faculty emeritus, administrators, and ot)/month hers)	Membership Card							
☐ Committee on Political Education (COPE) federal income tax po		nt deductible as charitable contributions for urposes. However, under limited circumstances, be deductible as a business expense.			Signa Date			 	
i would like to receive email updates no	III COI L								0/0/2011

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