**MEMBERSHIP/RECOMMITMENT APPLICATION**

I join the effort to help build a better life at my workplace, for students, for colleagues, and for my community because by **Standing Together . . . We Move Forward!** Union membership helps us **build a strong and united voice** to strengthen all workers’ rights, such as the right to organize and to improve wages, benefits, and working conditions.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employment Status:  Tenured/Tenure-Track  Full/Part-Time Temp  Adjunct

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City Zip\_\_\_\_\_\_\_\_\_\_\_
Primary campus:  Anacortes  Distance Ed  Mount Vernon  San Juan  South Whidbey  Whidbey

Department(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Personal/Non-work Email

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Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **I want to be a member and receive all rights of union membership, including the right to have a voice about contract changes, the right to vote for officers, and the right to vote on contract ratification**.

 As a member, I want to voluntarily participate in AFT Washington’s **Committee on Political Education (COPE) deduction program** which allows me to have a voice in our political endorsement process to elect labor-friendly and public education champions. Please provide me the information necessary to sign up and get started making a difference through my contributions. (**Must be a member to participate**.)

**Payroll Deduction Authorization Form for Faculty**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am requesting membership in the SVCFT faculty union, and I am authorizing payroll

 (Print or type name)

deductions to pay the membership dues.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Return this completed form to SVCFT President Kip Zwolenski in one of three ways:

* via intercampus mail
* via U.S. Postal service to address 2405 E College Way; Mount Vernon, WA 98273
* electronically to kip.zwolenski@skagit.edu

*Fees paid to SVCFT, Local 4985, may not be deducted for Federal Income Tax purposes. However, under limited circumstances these fees may qualify as a business expense.*