



## Membership Enrollment Form

<b>First Name</b>	<b>M.I.</b>	<b>Last Name</b>	<b>Suffix</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Preferred Name</b>	<b>Gender</b>		<b>Date of Birth</b>
<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other <input type="checkbox"/> Declined		<input type="text"/>
<b>Address</b>			<b>Apt Number</b>
<input type="text"/>			<input type="text"/>
<b>City</b>	<b>State</b>	<b>Zip</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Personal Email Address</b>		<b>Phone Number</b>	
<input type="text"/>		<input type="text"/>	
<b>Department</b>			
<input type="text"/>			

**RANK (check one)**

- Instructor
- Assistant Professor
- Associate Professor
- Professor
- n/a

**STATUS (check one)**

- Visiting (part-time)
- Adjunct (part-time)
- Adjunct with CCE (part-time)
- Full-time (non-tenure track)
- Full-time (tenure track or tenured)
- Librarian

By my signature I request and accept membership in the local organization named above, the New York State United Teachers ("NYSUT") and its national affiliates, the National Education Association ("NEA"), American Federation of Teachers ("AFT"), and the American Federation of Labor-Congress of Industrial Organization ("AFL-CIO"), where applicable. I accept the rights, responsibilities, and benefits of union membership. I acknowledge and understand that I have the right to withdraw my membership at any time.\*

By my signature, I also voluntarily request and authorize my employer to deduct an amount equal to the regular dues uniformly applicable to members of the local organization named above and remit that amount to the local organization.\*\*

I understand that this authorization and assignment is not a condition of my employment and shall remain in effect, regardless of whether I am or remain a member of the union, for a period of one year from the date of this authorization and shall automatically renew from year to year unless I revoke this authorization by sending written, signed notice of revocation via U.S mail to the union between the window period of Aug. 1-31 or another window period specified in a collective bargaining agreement.

By my signature, I also consent to receive autodialed and /or prerecorded calls and/or text messages from on behalf of the AFT, NEA, NYSUT, AFL-CIO and/or the local union at the telephone numbers provided, including my wireless number, if applicable. The scope of this consent relates to any purpose for which as of the above entities may call. I understand that this consent is NOT a condition of my membership in NYSUT, its national affiliates of the local organization named above.

I understand that union dues, contributions or gifts to the above named local are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses of on other bases expressly provided by state or federal law, such as New York State Tax Law section 615(d)(5).

\* By my signature, I fully authorize the officers of UFCT Local 1460 to complete a NYSUT digital membership form and to electronically sign said form on my behalf.

\*\* Dues deductions calculated as 1% if salary is equal to or less than \$60,000 and .85% if salary is \$60,001 or above.

Please email completed form to [ufct1460@gmail.com](mailto:ufct1460@gmail.com), or deliver to the Union Office (Brooklyn Campus, North Hall 125) or your department's Delegate.

Signature

Date