

Socorro AFT Membership Application

| 1. YOUR INFORMATION Please print clea | arly □ N∈ | ew Member / 🗆 Current member switch to ACH | |
|---|---|--|--|
| NAME: | DOB: | Employee ID #: | |
| PERSONAL EMAIL: | | | |
| HOME PHONE: | CELL PHONE: | | |
| MAILING ADDRESS: | | APT: | |
| CITY: | STATE: | ZIP: | |
| POSITION: | DEPARTMENT | | |
| district (ISD): Socorro ISD | CAMPUS NAN | ИE: | |
| 2. BUILD A POWERFUL VOICE ► JOUNDAM JOIN OUR COMMITTEE ON POLITICAL EDUCATION (COPT Committee on Political Education, Socorro AFT COPE. Help contribution. Change starts with you; let's make a different amount. Make a monthly contribution to Socorro AFT COPE: □\$2 | PE): Members are encoura o us support pro-public sc ce together. Your COPE co | hool candidates by making a regular monthly | |
| SIGNATURE FOR COPE: | | AUTHORIZATION): | |
| Socorro AFT encourages all of its members to participate in los sympathetic to our issues. It is the function of the Socorro AFT candidates, report to the membership, recommend endorseme a contribution is not a condition of membership and members membership status, rights or benefits. | cal campaigns and to supp T's Committee on Political l ents, and support endorsec | ort and endorse candidates who will be Education (C.O.P.E) to research issues and d candidates with money and volunteers. Making | |
| My signature above authorizes Socorro AFT to deduct the amount noted as a voluntary contribution to the Socorro AFT C.O.P.E. I understand that this authorization will remain valid as long as I am a member of Socorro AFT and employed be Socorro ISD unless revoked in writing. | | | |
| 3. OWN YOUR POWER ▶ DUES PA | YMENT PROCE | SS | |
| ELECTRONIC DUES PAYMENT: I authorize Socorro AFT to application. The monthly dues amount may change if requadjust my monthly payment when notified by the Socorro me. These deductions will continue for this school year and writing. | uired by local, state or na AFT. This authorization re | tional constitutions. I authorize my bank to emains in effect until terminated in writing by | |
| BANK NAME: ACC | COUNT TYPE: | ☐ CHECKING ☐ SAVINGS | |
| BANK ROUTING NUMBER: BANK ACCOUNT NUMBER: | | | |
| SIGNATURE: | NATURE: DATE: | | |

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