



Membership Application

Cuesta College Federation of Teachers

AFT/CCFT Local 4909

Please Print Neatly as You Complete All Sections.

return to ccfttreasurer@gmail.com

Name: _____
first m.i. last preferred first name

Division in which You Teach: _____ Primary Campus: _____

Employment Status: Permanent (Tenured /Tenure Track) Temporary Full-Time Temporary Part-Time

Home Address: _____
p.o. box or street / apt. # city state zip

Home Phone: _____ Cell Phone: _____ Cuesta Extension: _____

Home Email: _____ Cuesta Email: _____ Cuesta Banner ID: _____

I hereby request and voluntarily accept membership in CCFT, and I agree to abide by its Constitution and Bylaws. I authorize Local 4909 to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of my employment at Cuesta College.

signature date

Authorization for Dues Withholdings from Earnings

I hereby authorize monthly payroll deductions from my salary (every month I am employed during the year at Cuesta College) for the payment and adjustments of professional dues as set by the Cuesta College Federation of Teachers (CCFT) and its affiliated organizations, according to the CCFT Constitution and Bylaws. This authorization shall remain in effect and be automatically renewed every semester until I revoke it in writing to the Cuesta College CCFT Treasurer, and it shall be effective as of my next pay warrant following the submission of this application.

signature date

Dues paid to AFT local may not be deductible for federal income tax purposes; however, under limited circumstances, dues may qualify as a business expense.

**Return to CCFT, c/o Elizabeth Lobo, Cuesta College, P.O. Box 8106, San Luis Obispo, CA 93403-8106
Or email: ccfttreasurer@gmail.com**

(check both boxes) **Activate \$5,000 of Group Life Insurance at No Cost to You**

Yes! I am a new member within the last 12 months, and I elect \$5,000 of Group Term Life Insurance, which is available to me at no cost for one full year as a new AFT member. I want to be covered under the group plan for the benefits which I am or may become eligible for, as requested below. The AFT provides this insurance for one year as a benefit of AFT membership.

Yes! I am actively at work. (Retirees are not eligible.) *The \$5,000 coverage will be reduced by 50% at age 65 and by 75% by age 70.*

My beneficiary is to be (please print) _____ Relationship _____

I hereby certify that all statements and answers on this form are full, complete, and true to the best of my knowledge and belief. I understand that to be eligible for coverage I must be a new AFT member, actively working, and not currently insured under the Group Term Life Insurance plan for AFT members. In no event will I be eligible for this coverage beyond 12 months from my AFT membership date. I understand that my coverage will become effective on the first day of the month following the date this application is signed. Any person who knowingly and with intent to defraud any insurance company or other person files an AFT application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties. A portion of the premium collected from the AFT Insurance Program's contributory policies is allocated to fund the premium for the Policyholder's Basic Life Insurance Program. For questions, please call toll-free (888) 423-8700 or visit www.aftbenefits.org.

Signature Date

CCFT Use Only

Received: _____ Payroll: _____ HR: _____ CCFT Database: _____ CCFT#: _____

C O Reps: _____ CCFT LSRV: _____ AFT DB: _____ Life Insurance: _____ Binder: _____

A Stronger Union Empowers our Members!