

Membership Application

Cuesta College Federation of Teachers

AFT/CFT Local 4909

Please Print Neatly as You Complete All Sections.

Name:						·
first m.i.			last		preferred first name	
Division in which Yo	ou Teach:		Primary (Campus:		
Circle Your Status:	Permanent (Tenured /Ten	ure Track)	Temporary	Circle Your Load:	Full-Time	Part-Time
Home Address:						
	p.o. box or street / apt. #		city	sta	state zip	
Home Phone:	Cell Phone:			Cuesta Extension:		
Home Email:	Cuesta Email: Cuesta Banner ID:					
	ntarily accept membership in CC e in collective bargaining over u					
signature	date Authorization for Dues Withholdings from Earnings					
and adjustments of profes CCFT Constitution and B	y payroll deductions from my sa sional dues as set by the Cuesta ylaws. This authorization shall T Treasurer, and it shall be effe	College Feder remain in effe	ration of Teachers (C ect and be automatic	CCFT) and its affiliated or cally renewed every semes	rganizations, a ter until I revol	ccording to the ke it in writing
signature				date		
Dues paid to AFT local n	nay not be deductible for federal inco	ome tax purpose	es; however, under limi	ted circumstances, dues may	qualify as a busi	ness expense.
Return to CCFT, c 8106	o Elizabeth Lobo, Biol	ogy, Cues	ta College, P.C). Box 8106, San Lu	uis Obispo,	CA 93403-
(check both boxes) Ac	tivate \$5,000 of C	Group I	Life Insura	nce at No Co	st to Yo	u
available to me or may become e	ew member within the lass at no cost for one full year as a no ligible for, as requested below. I ively at work. (Retirees are noted)	new AFT mem The AFT provi	ber. I want to be cou ides this insurance f	ered under the group plan or one year as a benefit of	n for the benefit FAFT members.	ts which I am hip.
		noi engiote.) 1	ne \$5,000 coverage		age 65 ana by	15% by age 10.
to be eligible for coverage AFT members. In no even become effective on the firany insurance company or conceals, for the purpos a crime and may subject s contributory policies is ali	the action of the principle of the person to the second answers on this for the most be a new AFT member, as the will I be eligible for this coverage of the month following the cother person files an AFT applies of misleading, information concuch person to criminal and civil to cated to fund the premium for the www.aftbenefits.org.	ctively workinge beyond 12 edate this application for insucerning any planalties. A penalties.	ng, and not currently months from my AF olication is signed. A surance or a stateme fact material thereto portion of the premin	or insured under the Group T membership date. I und Any person who knowingly int of claim containing and commits a fraudulent in tum collected from the AF	o Term Life Ins derstand that n y and with inte y materially fai surance act, wh T Insurance Pre	urance plan for ny coverage will nt to defraud lse information nich may be ogram's
Signature				Date		
<u> </u>		CCFT	Use Only			
Rec'd: Payr COR: CCF			CCFT#: fe Insurance:	member GC: Binder:	referral GC:	