

MEMBERSHIP APPLICATION  
**NORTH ATTLEBORO FEDERATION OF TEACHERS**  
**LOCAL 4292**



(PLEASE PRINT)

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

PERSONAL (NON-WORK) E-MAIL: \_\_\_\_\_

SCHOOL/BUILDING/ROOM #: \_\_\_\_\_

UNIT: (CHECK ONE)

CAFETERIA     OFFICE PROFESSIONALS     PARAPROFESSIONALS     TEACHERS/NURSES

EMPLOYMENT STATUS: (CHECK ONE)     FULL TIME     PART TIME (LESS THAN 20 HOURS/WEEK)

**MEMBERSHIP APPLICATION AND AUTHORIZATION FOR DUES DEDUCTION**

- I hereby request and accept membership in North Attleboro Federation of Teachers, Local 4292 and I agree to abide by its Constitution and Bylaws. I authorize the union and its successor or assignee to act as my exclusive bargaining representative for purposes of collective bargaining with respect to wages, hours and other terms and conditions of employment with my employer.
  
- Effective immediately, I hereby authorize and direct my Employer to deduct from my pay each pay period and transmit to North Attleboro Federation of Teachers, Local 4292 membership dues in the amount established or revised by North Attleboro Federation of Teachers, Local 4292 in accordance with the North Attleboro Federation of Teachers, Local 4292 Constitution and By-Laws. There shall be no change in the amount of dues deducted without 60 days prior notice to me by North Attleboro Federation of Teachers, Local 4292. If for any reason my Employer fails to make a deduction, I authorize the Employer to make such deduction in the subsequent payroll period.

I recognize that my authorization of dues deduction, and continuation of such authorization from one year to the next, is voluntary and not a condition of my employment.

In order to comply with the Internal Revenue Service ruling, be advised that your membership dues are not deductible for federal income tax purposes. However, they may be deductible as ordinary and necessary business expenses.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PAYROLL/TREASURER USE ONLY**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> FULL DUES RATE    | <input type="checkbox"/> HALF DUES RATE | <input type="checkbox"/> QUARTER DUES RATE | <input type="checkbox"/> EIGHTH DUES RATE |
| <input type="checkbox"/> 26 PAYROLL CYCLES |   | <input type="checkbox"/> 22 PAYROLL CYCLES |   |