

# American Federation of Teachers -Lone Star College Membership Application

AFT-Lone Star College is an affiliate of the American Federation of Teachers and the Texas AFT and accepts membership from all non-supervisory employees of the Lone Star College System. Indicate below whether you are a new member or a current member wishing to update your contact information. Membership with AFT-Lone Star College provides each member with an \$8 million Professional Occupational Liability coverage policy, legal defense coverage and access to representation for work-related issues. In addition, AFT-Lone Star College members are entitled to special savings and discounts through our AFT PLUS benefits program. **If you have questions about joining, please call AFT - Lone Star College @ 281-889-1009. You may also visit our website: [www.aftlonestar.org](http://www.aftlonestar.org)**

- 1) Fill out the application below and choose your method of payment
- 2) Remit this application to AFT-Lone Star College President, Alan Hall

By US mail: AFT - Lone Star College P.O. Box 788 Spring, Texas 77383-0788 **OR** Interoffice mail: Alan Hall @ A-217, North Harris



**2012-2013 Monthly Membership Dues rates:**  
*Based on your position with the Lone Star College System, please select your appropriate dues rate.*

Full-time Faculty \$34.15/mo. or \$409.80/yr.

Full-time Professional Staff \$27.81/mo. or \$333.72/yr.

Full-time Support Staff \$24.35/mo. or \$292.20/yr.

Adjunct Faculty \$12.10/mo. or \$145.20/yr.

Part-time Staff \$12.10/mo. or \$145.20/yr.



**IMPORTANT NOTICE:**

Payroll deduction allows members to pay union dues in monthly installments. If you prefer to write a check to pay for your union dues, be advised that AFT requires the full yearly amount payable in 2 six-month installments. Exceptions to the rule apply for Part-time Staff and Adjunct Faculty only.

<b>First Name:</b>	<input type="text"/>	<b>Middle Initial:</b>	<input type="text"/>	<b>Last Name:</b>	<input type="text"/>
<b>Home Address:</b>	<input type="text"/>				
<b>City:</b>	<input type="text"/>	<b>State:</b>	<input type="text"/>	<b>Zip code:</b>	<input type="text"/>
<b>Home Phone:</b>	<input type="text"/>	<b>Email Address:</b>	<input type="text"/>		
<b>Employee ID #:</b>	<input type="text"/>	<b>Campus:</b>	<input type="text"/>		
<b>Position:</b>	<input type="text"/>	<b>Room #:</b>	<input type="text"/>	<b>Referred by:</b>	<input type="text"/>
<b>I am paid:</b>	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly		<b>Paid over:</b>	<input type="checkbox"/> 9 months <input type="checkbox"/> 9.5 months <input type="checkbox"/> 12 months	
<b>Are you a current or new member?</b>	<input type="checkbox"/> <b>Current member</b> <i>(Updating information and/or payment method)</i>			<input type="checkbox"/> <b>New Member</b>	
<b>Choose method of payment:</b>	<input type="checkbox"/> <b>Payroll Deduction</b> <i>(Complete the union dues agreement below)</i>		<input type="checkbox"/> <b>Cash/Check</b> <i>(Two 6 month payments payable to AFT-LSC)</i>		

## Union Dues Deduction Agreement

I hereby authorize Lone Star College System to deduct each pay period an amount equal to the dues in the amounts fixed in accordance with the Bylaws of AFT including any increase in dues in future years and pay same to said Union in accordance with the terms of the agreement between Lone Star College System and American Federation of Teachers. This agreement will remain in effect until Lone Star College System receives a written notice of cancellation from me, AFT or at the time of my termination, whichever occurs first. This authorization is subject to sufficient wages being available to comply with all other required deductions and existing federal and state laws.

**Signature:** *(Print this form and sign here)*

**Date**

*For AFT-Lone Star College office use only. Do not write in this box.*

Position verified: YES   NO   *(Initials)* \_\_\_\_\_   **NOTES:** \_\_\_\_\_  
 Dues Class:   FTF   AF   FTFS   FTSS   PTS   C   \_\_\_\_\_