



AFT 1493 Membership Application Form

San Mateo Community College Federation of Teachers
AFT Local 1493, CFT, AFL-CIO

Join now and have a voice in your union!

To become an AFT 1493 member, please fill out this form and return it to your AFT chapter chair, or send through district mail to the AFT 1493 office at CSM (1-255).

Name _____ Street Address _____

Campus _____ City _____ Zip Code _____

Dept/Div _____ Home Ph# _____ Cell Ph# _____

Office Bldg/rm# _____ G# _____

Office Ph# _____ *Check One Below:*

Non-work email _____ Full-Time _____ Part-Time _____

Payroll Deductions for all Faculty

I hereby request and voluntarily accept membership in AFT 1493 and I agree to abide by its Constitution and Bylaws. I authorize AFT 1493 to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with the San Mateo County Community College District.

Payroll Authorization: Pursuant to Section 87833 of the Education Code and 3543.1 (d) of the Government Code, San Mateo County Community College District is hereby authorized and directed to deduct from each regular salary warrant due for services as an academic employee, the sum necessary to pay union dues (1.2% from each paycheck's gross earnings). The amount so deducted shall be transmitted to AFT 1493 and upon remitting the deduction the District shall have fulfilled its entire obligation and will be held harmless in the event of defalcation on the part of the organization or any of its employees.

Name (please print) _____ Signature _____ Date _____

THIS AUTHORIZATION IS TO REMAIN IN FORCE UNTIL CANCELED OR REVISED BY ME IN WRITING.

I hereby request and voluntarily authorize the San Mateo County Community College District to deduct from my earnings and pay over to AFT 1493 the regular monthly dues (1.2% from each paycheck's gross earnings) uniformly applicable to members of AFT 1493. This authorization will remain in effect and shall be irrevocable unless I revoke it by sending written notice to AFT 1493. This authorization shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it in writing during the window period, irrespective of my membership in AFT 1493.

Signature _____ Date _____