

ASSOCIATION OF CATHOLIC TEACHERS, #1776

UNION DUES FORM

Mr. _____
Ms. _____
Last First Middle

Address _____
Number Street City State Zip

Phone _____ Date of Birth _____

Personal E-mail Address _____

Years Teaching _____ In System _____ Date of Hire _____

Bachelor's Degree _____ Major Field _____ Minor Field _____
Yes/No

Master's Degree _____ Certified _____ Dept. Chrm. _____
Yes/No Yes/No (List Dept.)

No. of Credits beyond Current Degree _____

Subject(s) now Teaching _____

School at which you are teaching _____

Signature _____

DUES "CHECKOFF" AUTHORIZATION

UNION COPY

I hereby authorize my employer to deduct from my earnings periodically the amount necessary to pay professional dues required by the Association of Catholic Teachers, Local #1776. The amount so deducted shall be transmitted to the Association. The authorization is revocable only in accordance with the terms of the Agreement between the Association and my employer. In the absence of proper notice of revocation as defined in the agreement, this authorization shall continue.

DATE _____ SIGNATURE _____

DUES "CHECKOFF" AUTHORIZATION

EMPLOYER COPY

I hereby authorize my employer to deduct from my earnings periodically the amount necessary to pay professional dues required by the Association of Catholic Teachers, Local #1776. The amount so deducted shall be transmitted to the Association. The authorization is revocable only in accordance with the terms of the Agreement between the Association and my employer. In the absence of proper notice of revocation as defined in the agreement, this authorization shall continue.

DATE _____ SIGNATURE _____

NOTE: Please sign BOTH copies of the Dues Checkoff Authorization.

If the checkoff Authorization is not signed, PLEASE ACCOMPANY THE APPLICATION WITH A CHECK IN THE PROPER AMOUNT OF DUES PAYABLE FOR THE CURRENT SCHOOL YEAR.