

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 \_\_\_\_\_

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**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 \_\_\_\_\_

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**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.**