



Alternative Dues - AFT-West Virginia Membership Application

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This application and all banking information will be kept confidential and secured within a locked, limited access location at our AFT-WV office. Financial account information will not be visible to our system users after the initial processing. Please enroll me as a member of my local affiliate of AFT-West Virginia, affiliated with the American Federation of Teachers, AFL-CIO. I will pay my dues as currently set by the AFT-WV Constitution.

Last 4 social security # _____

First Name* _____ Middle Name _____ Last Name* _____

Billing Address* _____ Apt/Ste _____ City* _____ State* _____ Zip* _____ also mailing address

Mailing Address _____ Apt/Ste _____ City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Work Phone _____ Check preferred phone

Personal email* _____ Employer* _____ Position Title* _____

Employment Status* Full-Time Part-Time Substitute or On-Call (long term/day-to-day) Worksite* _____

ANNUAL MEMBERSHIP DUES PAYMENT METHOD OPTIONS (pick one)

BANK DRAFT (preferred) CREDIT/DEBIT CARD FULL OR SEMIANNUAL PAYMENT OF DUES (check/money order)

bank draft or credit/debit card authorization provides for 12 monthly installments (Sept-Aug) for payment of annual dues

BANK DRAFT Account Type* Checking Savings

Bank Name* _____

Routing Number* _____ Account Number* _____

CREDIT/DEBIT CARD Account Type* Visa Master Card Discover American Express

Name on Card* _____

Card Number* _____ Month* _____ Year* _____ Card Security Code* _____

I agree to be a member of the local affiliate associated with my place of employment and position title, authorize AFT-WV to represent me to the fullest extent of the law, and accept the terms of the agreement below.

I authorize deduction of membership dues per the above information and in accordance with my local affiliate, the constitutions of AFT and AFT-WV. Dues payments are not deductible as charitable contributions for federal income tax purposes, but a portion thereof may be deductible as a miscellaneous itemized deduction. The dues amount may change if authorized according to the provisions of the local, state, or national affiliate's constitutions, or if my employment status changes. If this happens, I authorize my bank or credit card to adjust my payment when notified by the AFT-WV. I agree this authorization remains in effect until terminated in writing by me. A portion of my membership dues goes to the AFT-WV Committee on Political Education (COPE) for use in local and state political activities. This amount is automatically included in the membership dues; however, the contribution is voluntary. Any member who does not wish to make this voluntary contribution may file a written request to AFT-WV between August 1 and August 31 for a refund of the contribution for the preceding year.

I have read and agree to make a voluntary COPE contribution as described below.

COPE DISCLOSURE: I hereby authorize an additional voluntary monthly contribution to the COPE as selected below. This authorization is signed freely and voluntarily and not out of any fear of reprisal, and I will not be favored nor disadvantaged because I exercise this right. My contribution goes to the AFT-WV COPE for use in local and state political activities. This voluntary authorization may be revoked at any time by notifying AFT-WV in writing of the desire to do so. COPE contributions cannot be reimbursed or otherwise paid by any other person or entity and are not deductible as charitable contributions for federal income tax purposes.

COPE AMOUNT* \$0 \$1 \$2 \$5 other \$ _____

Signature _____

Date _____