



# MEMBERSHIP FORM AND DUES/COPE AUTHORIZATION

Lake County Federation of Teachers, Local 504, IFT-AFT/AFL-CIO

248 Ambrogio Drive, Gurnee, IL 60031, 847-623-7725



Illinois Federation of Teachers  
A Union of Professionals



## Membership Statement

I hereby apply for and voluntarily accept membership in the Lake County Federation of Teachers, AFT Local 504 (LCFT) and agree to abide by its Constitution and Bylaws. I authorize the Union to act as my exclusive representative in collective bargaining over wages, hours, and other terms and conditions of employment with my employer. I understand that if a majority of the employees in the bargaining unit sign authorization cards, these cards may be used to obtain recognition without an election. My membership in the LCFT and Illinois Federation of Teachers (IFT), including any other Local Union which is my exclusive bargaining representative and is affiliated with the IFT, shall be continuous unless I notify LCFT in writing that I intend to resign.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

School District/Employer \_\_\_\_\_

Worksite \_\_\_\_\_ Job Title \_\_\_\_\_

Personal Email \_\_\_\_\_

## Annual Dues

**Dues Authorization:** During my employment, I hereby voluntarily authorize and direct my Employer to deduct from my pay each pay period, regardless of whether I am or remain a member of the Union, an amount equal to dues certified by the Union, and to remit such amount monthly to the Union. I understand that signing this card is voluntary and is not a condition of my employment.

**Revocation Window:** This voluntary authorization and assignment shall be irrevocable, regardless of whether I am or remain a member of the Union, for a period of one year from the date of authorization and shall automatically renew from year to year unless I revoke this authorization by sending written notice to the Union by the United States Postal Service postmarked between August 1 and August 31. Such Revocation shall become effective after August 31.

**IRS Disclaimer:** Payments to the Union are not deductible as charitable donations for federal income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses.

**Telephone Consumer Protection Act Statement:** By providing my phone number, I understand that the Union and its affiliates may use automated calling technologies and/or text message me on my cell phone, and that I can unsubscribe from these messages. The Union will never charge for text messages, but carrier message and data rates may apply.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Committee on Political Education

I hereby voluntarily authorize my employer to deduct from my salary the sum of twenty dollars/other \_\_\_\_\_ per year (twenty dollars per year is the recommended contribution but you may enter another amount or zero if you wish to make no contribution) for the Lake County Federation of Teachers Committee on Political Education (LCFT-COPE) and to forward that amount to the Union's Committee on Political Education (COPE). COPE will use the money contributed to make political contributions and expenditures in connection with federal, state, and local elections. This authorization is not a requirement for union membership or employment, and I am signing it freely and voluntarily. This voluntary authorization may be revoked at any time by notifying the Union in writing of my desire to do so. Contributions to the Union's Committee on Political Education are not deductible as charitable contributions for Federal Income Tax purposes and can be made only by union members who are U.S. Citizens or Legal Permanent Residents.

Signature \_\_\_\_\_ Date \_\_\_\_\_