

MEMBERSHIP FORM: Hortonville Federation of Teachers, Local 6259

Last Name:	Personal Phone: <input type="checkbox"/> Home <input type="checkbox"/> Mobile
First Name:	
Billing Address:	Work Phone:
Billing City:	Work Location:
Billing State: Billing Zip:	Personal Email:
<input type="checkbox"/> Billing address is also my home address	Work Email:

Monthly Dues Amount	\$	FOR OFFICE USE
Monthly COPE Amount <input type="checkbox"/> \$4 <input type="checkbox"/> \$6 <input type="checkbox"/> Other:	\$	
Total Monthly Draft	\$	

I authorize AFT-Wisconsin to draft my account each month for the amount indicated above. The monthly dues amount may change if authorized according to the requirements of the local, state, or national constitutions. If this happens, I authorize my bank to adjust my monthly payment when notified by AFT-Wisconsin. I agree this authorization remains in effect until terminated in writing by me.

PAYROLL DEDUCTION: In the event that payroll dues deduction goes into effect, I hereby authorize the Hortonville Area School District to deduct each payroll period from my wages the membership dues for the Hortonville Federation of Teachers, AFT-Wisconsin, AFT, in the amount certified by the local. This is a continuous authorization from year to year applying to the then-current dues. This authorization shall remain in effect as long as I am employed by the Hortonville Area School District unless terminated by me upon written notice to: Local 6259 Treasurer, W7397 Hofacker Heights, Hortonville, WI 54944. Termination of employment will automatically terminate dues deduction.

I understand that union dues may not be deductible for federal income tax purposes; however, under limited circumstances, dues may qualify as a business expense.

I agree to be a member of the Hortonville Federation of Teachers, authorize the Hortonville Federation of Teachers to represent me to the fullest extent of the law, and accept the terms of the agreement above.

Signature _____ Date _____

COPE DISCLOSURE: I hereby authorize a monthly contribution to the AFT-Wisconsin COPE in the amount indicated above. 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. I understand this money will be used to make political contributions by AFT-Wisconsin COPE. AFT-Wisconsin COPE may engage in joint fundraising efforts with AFT COPE and/or the AFL-CIO. This voluntary authorization may be revoked at any time by notifying AFT-Wisconsin COPE in writing of the desire to do so. Contribution or gifts to AFT-Wisconsin COPE are not deductible as charitable contributions for federal income tax purposes. Contributions cannot be reimbursed or otherwise paid by any other person or entity.

COPE PAYROLL DEDUCTION: In the event that payroll deduction goes into effect, I also hereby authorize the Hortonville Area School District to deduct from my wages the voluntary COPE contribution for AFT-Wisconsin in the amount indicated above.

I have read and accept the terms of the COPE agreement above.

Signature _____ Date _____

Payment Type (please select one):

<input type="checkbox"/> Bank Draft	<input type="checkbox"/> Credit/Debit Card
Bank Name:	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MC
Draft Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving	Name on Card:
Bank Routing Number (9 digits): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Card Number:
Bank Account Number:	Expiration Date: Card Security Code: <input type="text"/> <input type="text"/> <input type="text"/>