Visit our website at www.accaft.org

Who Are We? ACC/AFT Local 6249 is a local affiliate of the American Federation of Teachers (AFT), TexasAFT and the AFL-CIO. We are truly an employees' union, representing all employee classifications at ACC. We are a group of people joined by common values and principles, committed to:

- ❖ fair & equitable wages
- * the best medical & retirement benefits
- ❖ a safe & healthy work environment
- administrative accountability
- ❖ adherence to shared governance principles & processes
- ❖ individual growth & empowerment and collegiality, solidarity & community

ACC/AFT Local 6249 MEMBERSHIP APPLICATION

Austin Community College American Federation of Teachers
Affiliated with TexasAFT, AFL-CIO
3000 South I.H. 35, Suite 175, Austin, Texas, 78704, Phone 448-0130, Fax 448-0678, web: www.accaft.org

Name:	E-Mail :		Campus:
Home Address:	City:	Zip	Code:
Home Phone:	Work Phone:	Cell Phone:	
ACC Position (check one): ☐ Full-Time Facu	lty 🗖 Adjunct Faculty	☐ Professional/Technical	☐ Classified ☐ Hourly
The ACC/AFT dues are based upon classes of memb your estimated current annual calendar year income. ☐ Less than \$12,000 annual income ☐ \$18.83 monthly	Please check your income categ Less than \$25,000 annual incor	gory below & note the monthly me \square \$25,000 or	
Fill out the form below for dues payable threforward this form to ACC/AFT, 3000 S. IH			
AUTHORIZATI	ON FOR PAYROLL	DEDUCTION - ACC	AFT DUES
Name: (last, first):	Social Security Number (or ACC ID):		
	\$31.61 (under \$25,000 a Classit	at 9 months) \$53.00 fied or Prof-Tech \$29.	5 (\$25,000 or more at 12 months) 0 (\$25,000 or more at 9 months) 88 (\$25,000 or more at 12 months) 84 (\$25,000 or more at 9 months)
I voluntarily authorize and request that recommunity College and remitted to the considered continuing for this and future authorize that any increase in these dues increases will be communicated to the A	organization indicated above. It e years until written notification and fees be automatically appli	I further authorize my membe a or dissolution of this agreeme ied to my monthly payroll ded	rship in the organization to be ent is given by me. I further luction. I understand these
Member's Signature			
Date			
Note: Dues and payroll deduction amounts r (COPE). You may decline to contribute			
You may increase your COPE donation to \$5	.00 or \$10.00 per month by init	ialing here:\$5	_\$10

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