



American Federation of Teachers/ MS – At-Large #8022
MEMBERSHIP APPLICATION*

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

(NO SCHOOL EMAIL ADDRESSES)

SCHOOL/WORK SITE: _____ WORK PHONE: _____

POSITION

(PLEASE CHECK THE ONE THAT APPLIES)

- TEACHER TEACHER ASSISTANT CUSTODIAN
- FOOD SERVICE WORKER OFFICE EMPLOYEE LIBRARIAN
- BUS DRIVER COUNSELOR MAINTENANCE

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

FINANCIAL INSTITUTION NAME: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NO.: _____

CHECKING ACCOUNT NO.: _____

I hereby authorize the **AMERICAN FEDERATION OF TEACHERS/ MS – AT-LARGE, LOCAL #8022** to pay my monthly dues by charging each payment to my account, and to make that deduction payable to the order of **AMERICAN FEDERATION OF TEACHERS/ MS- AT-LARGE**. I agree that each payment shall be the same as if it were an instrument personally signed by me. **This authority is to remain in effect until revoked by me IN WRITING.**

In addition, I have the right to stop payment of a charge by a timely notification to my local’s treasurer **IN WRITING** prior to the 15th of the preceding month. I understand, however, that both the financial institution and the **AMERICAN FEDERATION OF TEACHERS/ MS – AT-LARGE** reserves the right to terminate this payment plan (or my participation therein). I will be responsible for any fees charged for non-sufficient funds and/ or returned checks.

DATE _____ SIGNATURE _____

DUES for Teachers and Certified Personnel- \$43/ month

DUES for Non-Certified Personnel- \$13.50/ month

***Please return this application, bank authorization, and aVOIDED check from your checking account to:**
Nancy Kent, President of AFT/ MS
11975-M Seaway Road, Suite A 220
Gulfport, MS 39503