

Join Us!

First-time members receive half-price dues for five months. As a first-time member you also receive a \$75 gift card of your choice (Amazon, Costco, Giant Food, Kohls or Nordstrom).* Add your gift-card choice to the New Member G.C. section below.

Additionally, if any FCFT member encouraged you to join, don't forget to add his/her name to the Recruiter Name section on the card. Also, add his/her gift-card choice to the Recruiter GC section on the card.

If the membership card is received in the FCFT office without the gift-card choice filled in, you will not receive a gift-card.

Return membership card to FCFT via the FCPS pony.

Questions? Call 703-451-6840.

*This offer is valid **ONLY** for first-time members.

Dues Amount:

Teachers (5 pay-periods): \$34.50 per month; after, \$69 per month, IA's & support personnel (5 pay-periods): \$17.25 per month; after, \$34.50 per month.



Fairfax Co. Federation of Teachers 2015-16 Membership Application

I hereby apply for membership in the FCFT. I authorize the FCPS to withhold from my salary a sum equal to the constitutional monthly dues of the Federation. This authorization may be revoked by me in any month by written notice to FCFT. I will be responsible to notify FCFT, in writing of any change in my job status with FCPS. FCFT will not refund any dues paid without written notice and approval by FCFT.

(Print) Name _____ EmpID# _____

Address _____

City _____ State _____ Zip _____

Cell Ph _____ Home Ph _____

Private E-Mail: _____

School _____

Signature _____

Dues paid to employee organizations may not be deductible for federal income tax purposes; however, under limited circumstances, dues may qualify as a business expense.

*May withhold membership if there is a pre-existing condition.

Check if: Part-time IA/PHTa
 Office Personnel Safety/Security

FCFT Use Only

Option #:

Amount:

The card below will be submitted to FCPS' Payroll Office to begin full deduction of dues after your five months of 1/2 dues has expired.

I authorize the FCPS to withhold from my salary a sum equal to the constitutional monthly dues of the Federation. This authorization may be revoked by me in any month by written notice to FCFT. I will be responsible to notify FCFT, in writing of any change in my job status with FCPS. FCFT will not refund any dues paid without written notice and approval by FCFT.

Name (Please Print)

EmpID# _____

Signature

School _____
E-Mail: _____



LUNCH

New Member GC: _____

Recruiter Name: _____

Recruiter GC: _____

Gift card choices: Amazon, Costco, Giant Food, Kohls or Nordstrom. Please be sure to fill out the section to the left to receive your gift card. If the membership card is received in the FCFT office without the gift card choice filled in, you will not receive a gift card.*

*Due to high volume, please allow FCFT up to 90 days to process your gift card.