

# Join Us!

First-time members receive half-price dues for five months. As a first-time member you also receive a \$50 gift card of your choice (Amazon, Costco, Giant Food, Home Depot, Kohls or Nordstrom).\* Add your gift-card choice to the 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): \$33.50 per month; after, \$67 per month, IA's & support personnel (5 pay-periods): \$16.75 per month; after, \$33.50 per month.



## Fairfax Co. Federation of Teachers 2013-14 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.*

(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.*

(Print) Name \_\_\_\_\_

EmpID# \_\_\_\_\_

Signature \_\_\_\_\_

School \_\_\_\_\_  
E-Mail: \_\_\_\_\_



WEB

Member GC: \_\_\_\_\_

Recruiter Name: \_\_\_\_\_

Recruiter GC: \_\_\_\_\_

Gift card choices: Amazon, Costco, Giant Food, Home Depot, 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.