

I hereby apply for admission to membership in the above local union and for all the membership rights, benefits and services provided by the organization, and voluntarily choose and designate it as my representative for Purposes of collective bargaining, hereby revoking any contrary designation. If admitted to membership, I agree to abide by the bylaws of AFT 6049 Oklahoma, which are not in conflict with state or federal laws, and thereupon accept and assume the oath of obligation.

PLEASE PRINT

Name: _____ Date of Birth #: _____

Street: _____ TPS ID#: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Personal E-mail: _____

Occupation: _____ Job Site: _____

Would you be interested in volunteering on occasion? _____ Yes _____ No

Are you a registered voter? _____ Yes _____ No _____ Democrat _____ Republican _____ Independent

Would you be interested in a new union member orientation? _____ Yes _____ No

I understand that my dues will include the many services of the local, state and national AFT bodies, as well as subscriptions to AFT publications.

Signature of Applicant: _____ Date: _____

*An affiliate of AFT Oklahoma, American Federation of Teachers, AFL-CIO, NEOCLC



I, _____ hereby authorize Tulsa Public Schools, District 1

PRINT FULL NAME

to deduct from my wages each and every month an amount equal to the monthly dues and any initiation fees of AFT ,6049 Oklahoma.* I direct such amounts so deducted to be turned over each month to the secretary-treasurer of such local union for and on my behalf.

This authorization may be revoked at any time. Upon revocation, the deduction described here will cease at the next payroll period following the date of the revocation, upon the expiration of the AFT 6049 Oklahoma* collective bargaining agreement, or upon the termination of my employment, whichever occurs first. Upon receipt of a request, I understand the school district shall notify AFT 6049 Oklahoma of the initiation or termination of payroll deductions within fifteen (15) business days. This authorization shall automatically renew itself for successive yearly or applicable contract periods thereafter, whichever is lesser, unless I give written notice of my desire to revoke same.

Signature: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

TPS ID#: _____ Date: _____

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