



# Membership Authorization



I hereby affirm my membership in the Woonsocket Teachers' Guild, Local 951, AFT, RIFTHP, and authorize my employer to withhold from my salary a sum equal to the constitutional dues of the local, state and national unions. This authorization shall remain in effect until further notice, unless changed or terminated.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Personal Email: \_\_\_\_\_ Cell Phone: (    )    -

Signature: \_\_\_\_\_

I understand that my dues will include the services of local, state and national bodies as well as subscriptions to AFT publications. I also understand that the union dues may not be deductible for federal income tax purposes. Employees covered by a collective bargaining agreement have a right to renounce full membership.