



Brevard Federation of Teachers



1007 S. Florida Ave
Rockledge, FL 32955

T: 321.636.3323
F: 321.636.4366

[HOME](#)
[JOIN BFT](#)
[TEACHERS](#)
[YOUR TEAM](#)
[CONTACT US](#)
[OUTREACH](#)
[NEWS](#)
[BENEFITS](#)
[INSERVICE](#)

Membership Application

First Name*

Last Name*

School*

Employee ID

Grade/Subject*

Full Time*

☐ Full Time

☐ Part Time

Home Address*

Street Address

Street Address Line 2

City

State

Postal / Zip Code

Country ▼

Home/Cell Phone*

####

Home/Personal
Email*

Terms of Service*

☐ Brevard Federation of Teachers Dues Authorization, \$27.64 per pay period. Payroll Deduction: I hereby agree to pay and authorize my employer to deduct the dues and assessments described below as are certified by the Association to the School Board for each year thereafter from my salary and direct and authorize my employer to pay such amounts to the Association in accordance with payroll deduction procedures in effect; provided, however, I may cancel my membership and this authorization by providing 30 days written notice to the Association notifying them of such revocation as provided by law.

Verification*



Visit
1007 S. Florida Ave
Rockledge, FL 32955

Call
T: 321.636.3323
F: 321.636.4366

Contact
Anthony.colucci@floridaea.org

© 1970 by Brevard
Federation of Teachers

[Webmaster Login](#)