

Fairfax County Federation of Teachers

**First-Time
Members**

1/2 PRICED DUES

for 5 months

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

First-time Member Dues

- **Teachers (5 pay periods):**
\$34.50/month after \$69/month
- **IA's & Support Personnel (5 pay periods):**
\$17.25/month after \$34.50/month

Dues to RE-JOIN FCFT

- **Teachers:**
\$69/month
- **IA's & Support Personnel:**
\$34.50/month

****This application can be sent to us by US Mail, Pony, or walk-in only.**



Fairfax Co. Federation of Teachers 2018-2019 Member Application

I hereby apply for membership in the FCFT. I authorize 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 # _____ Home # _____

Private Non-FCPS Email _____

School Location _____

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.**

Please 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 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# _____

FCPS Email _____

Signature _____



Referral Name: _____

Questions? Call Us 703.451.6840