

Membership Application

Here's how to join GCAFT

1) Fill out the application below by filling in all the boxes. (Please print legibly.) When you have finished, sign and date where indicated.

2) Remit this page to Goose Creek AFT using one of the following methods:

a) **US Mail:** GCAFT 701 W. Sterling, Suite B, Baytown, Texas, 77520

b) **FAX:** 281-428-1990

c) **Call to arrange for pick-up:** 281-427-2091

First Name:	<input type="text"/>	Middle Initial:	<input type="text"/>	Last Name:	<input type="text"/>
Home Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip code:	<input type="text"/>
Home Phone:	<input type="text"/>	Home Email :	<input type="text"/>		
Cell Phone:	<input type="text"/>	Campus Email :	<input type="text"/>		
SSN:	<input type="text"/>	Campus for 13-14	<input type="text"/>		
Job Title/ position	<input type="text"/>	GCCISD Employee ID number	<input type="text"/>	referred by: please tell us who referred you.	<input type="text"/>

Payroll Deduction Form

If you receive less than 24 paychecks per school year, your dues amount may be slightly higher per pay period to meet the yearly dues total.

GCAFT Dues Per Pay Period: (per 24 pay periods)

☐ Teachers/Professional Employees earning \$18001 & over: **\$22.44**

☐ Support staff earning \$12001 to \$18000: **\$14.37**

☐ Support staff earning \$12000 or lower: **\$9.84**

(For employees new to the district, this authorization will become effective for the payroll in the month following the month in which the employees receives his/her first payroll check for the employment year).

I hereby voluntarily authorize and request that Goose Creek ISD deduct monies from my salary as indicated and remit to:

Goose Creek AFT

I request that these deductions will continue for this school year and future years, including any increase in dues that may occur and until written notification is given revoking this authorization. I understand that my membership can be discontinued by me when a written request is received in the payroll department a minimum of 20 days in advance of my next scheduled payday. I acknowledge that receipt of this payroll deduction authorization by the GCCISD payroll office will automatically cancel any existing dues/fees that I have previously submitted for Goose Creek AFT.

Signature box:

(Sign this box after
you print the form)

DATE:

For GCAFT office use only. Do not write in this section.

Position verified: ____ Salary Verified: ____ Dues Class: F FC H HC Q QC **GCAFT monthly Dues amt. for payroll: \$** _____

Optional

Interested in becoming active with GCAFT? Let us know how you want to get involved and we'll send you some information!

☐ Building Representative

☐ Volunteer

☐ Committee Member

the Goose Creek AFT PAC collects voluntary contributions from members and uses those contributions to support political candidates who are aligned with our cause. Making a contribution is not a condition of membership, and members have the right to refuse to contribute without loss of membership status, rights or benefits. You may decline to contribute to the GCAFT PAC by initialing below.

"I decline to contribute \$0.50 per pay period to Goose Creek AFT PAC, and understand that this will not in any way affect my membership status or rights" _____



Goose Creek AFT

701 W. Sterling, Ste. B Baytown, Texas 77520

Phone: 281-427-2091 Fax: 281-428-1990 E-mail: gcefbaytown@aol.com Web: www.goosecreekaft.org

