MEMBERSHIP APPLICATION NORTH ATTLEBORO FEDERATION OF TEACHERS LOCAL 4292



(PLEASE PRINT)

_	_		•	(I LEASE I KINI)			
FIRST NAME: _		LAST NAME:					
ADDRES	ss:						
CITY:				ST	ATE:	ZIP CODE:	
CELL PH	IONE:						
Perso	NAL (NON	work) E-Mail:					
Scнос	L/Buildii	NG/Rоом #:					
Unit: (CHECK ONE)					
□ Са	FETERIA	☐ Office Profess	IONALS	☐ Parap	ROFESSIONALS	☐ Teachers/Nurses	
EMPLOYMENT STATUS: (CHECK ONE)				JLL TIME	☐ PART	TIME (LESS THAN 20 HOURS/WEEK)	
		MEMBERSHIP APPLIC	CATION A	ND AUTHORIZ	ZATION FOR DUI	S DEDUCTION	
	agree to abide by its Constitution and Bylaws. I authorize the union and its successor or assignee to act as my exclusive bargaining representative for purposes of collective bargaining with respect to wages, hours and other terms and conditions of employment with my employer.						
_		-			nuation of such	authorization from one year to	
the nex	kt, is volun	tary and not a conditio	n of my e	mployment.			
deducti	-	leral income tax purpo		_		our membership dues are not as ordinary and necessary	
SIGNATURE:				Date:			
			PAYRO	LL/TREASURER USI	ONLY		
	☐ FULL DI	ES RATE	LF DUES RATI	. п	QUARTER DUES RATE	EIGHTH DUES RATE	