

# MEMBERSHIP FORM: Madison Area Technical College Federation, Local 243

<b>Last Name:</b>	<b>Home Phone:</b>
<b>First Name:</b>	<b>Mobile Phone:</b>
<b>Billing Address:</b>	<b>Work Phone:</b>
<b>Billing City:</b>	<b>Work Location:</b>
<b>Billing State:</b>	<b>Personal Email:</b>
<input type="checkbox"/> <b>Billing address is also my home address</b>	<b>Work Email:</b>

Monthly Dues Amount	\$	<b>FOR OFFICE USE</b>
Monthly COPE Amount	<input type="checkbox"/> \$20 <input type="checkbox"/> \$10 <input type="checkbox"/> \$5 <input type="checkbox"/> Other:	
<b>Total Monthly Draft</b>	\$	

I authorize AFT-Wisconsin to draft my account each month for the amount indicated above. The monthly dues amount may change if authorized according to the requirements of the local, state, or national constitutions. If this happens, I authorize my bank to adjust my monthly payment when notified by AFT-Wisconsin. I agree this authorization remains in effect until terminated in writing by me. **(PAYROLL DEDUCTION: In the event that payroll dues deduction goes back into effect, I hereby authorize the Employer to deduct each payroll period from my wages the membership dues for my local union, AFT-Wisconsin, AFT, in the amount certified by the local. This is a continuous authorization from year to year applying to the then-current dues. This authorization shall remain in effect as long as I am employed by the Employer unless terminated by me upon written notice to my Local. Termination of employment will automatically terminate dues deduction when payroll deduction is in effect.)** I understand that union dues may not be deductible for federal income tax purposes; however, under limited circumstances, dues may qualify as a business expense.

**I agree to be a member of my union, authorize my union to represent me to the fullest extent of the law, and accept the terms of the agreement above.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ **YES, I want to receive important text updates from AFT-Wisconsin. We will not spam or sell your information.**

**COPE DISCLOSURE:** I hereby authorize a monthly contribution to the AFT-Wisconsin COPE in the amount indicated above. This authorization is signed freely and voluntarily and not out of any fear of reprisal, and I will not be favored nor disadvantaged because I exercise this right. I understand this money will be used to make political contributions by AFT-Wisconsin COPE. AFT-Wisconsin COPE may engage in joint fundraising efforts with AFT COPE and/or the AFL-CIO. This voluntary authorization may be revoked at any time by notifying AFT-Wisconsin COPE in writing of the desire to do so. Contribution or gifts to AFT-Wisconsin COPE are not deductible as charitable contributions for federal income tax purposes. Contributions cannot be reimbursed or otherwise paid by any other person or entity. **(COPE PAYROLL DEDUCTION:** In the event that payroll deduction goes into effect, I also hereby authorize the School District of Ashland to deduct from my wages the voluntary COPE contribution for AFT-Wisconsin in the amount indicated above.)

I have read and accept the terms of the COPE agreement above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Payment Type (please select 1 of the 2 options below - PRINT CLEARLY):

<input type="checkbox"/> <b>Bank Draft</b> OPTION #1	<input type="checkbox"/> <b>Credit/Debit Card</b> OPTION #2
Bank Name:	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Draft Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving	Name as it appears on Card:
Bank Routing Number (9 digits): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Card Number:
Bank Account Number:	Expiration Date:
	3 Digit Code: <input type="text"/> <input type="text"/> <input type="text"/>

**Please mail membership forms to AFT-Wisconsin, P.O. Box 285, Highland, WI 53543**

Contact us! P: 608-662-1444 E: [kreul@aft-wisconsin.org](mailto:kreul@aft-wisconsin.org)

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## Guide to Filling Out Your Local 243 Union Card

This union card and the electronic payment method will take effect on the 15th of the month after the form is turned in and processed. Dues are deducted on the 15th of every month.

Local 243 has a new dues structure, effective Oct 1, 2019. You will declare your dues category based upon your income level.

	Yearly Salary Range	Monthly Dues
Tier 1	Under \$9,814	\$9.45
Tier 2	\$9,815 to \$16,163	\$12.55
Tier 3	\$16,164 to \$33,999	\$25.19
Tier 4	\$34,000 to \$49,999	\$50.13
Tier 5	\$50,000 to 64,999	\$52.63
Tier 6	\$65,000 to 79,999	\$55.13
Tier 7	\$80,000 to \$94,999	\$56.53
Tier 8	\$95,000 and above	\$57.78

The dues are determined based on total, annual gross (pre-tax) salary and are collected monthly over 12 months. The dues schedule is used by everyone. Dues are not based on the amount of time you work; they are based on the amount of money you make in the 12-month period.

EXAMPLE: A 12-month employee makes \$52,500 in a year. A 9-month employee makes \$58,000 in the year (but they make it in nine months). Both would pay dues at the Tier 5 level because both their annual salaries fall within that tier.

Please consider an additional voluntary COPE contribution. COPE funds go directly to the AFT-Wisconsin Political Action Committee (PAC) fund and are used to make direct contributions to candidate campaigns. The Committee on Political Education (COPE) meets 6-8 times per year to establish the union's legislative agenda and to interview state and local candidates for endorsement. **NO UNION DUES MONEY IS EVER CONTRIBUTED TO CANDIDATES.** Contributions to candidates come from the COPE fund, and all AFT-Wisconsin COPE fund contributions are voluntary.

If you are already a member and need to update your financial information, contact the AFT-Wisconsin office. The Executive Assistant, Kathy Kreul, can update information for you quickly over the phone. Her number is 608-662-1444. You can also email her with updates and questions at [kreul@aft-wisconsin.org](mailto:kreul@aft-wisconsin.org).

You can also mail updated information to the AFT-Wisconsin office: AFT-Wisconsin, ATTN: Kathy Kreul, 1602 S. Park Street, Room 227, Madison, WI 53715.

**FOR SECURITY AND CONFIDENTIALITY, THIS MEMBERSHIP CARD FORM WILL ONLY BE USED BY AFT-WISCONSIN STAFF TO PLACE YOUR BANKING INFORMATION INTO A SECURE DATABASE WITH OUR BANK. AFTER THAT THE FORM WILL BE PLACED IN A LOCKED FILE. ACCESS TO CONFIDENTIAL BANKING INFORMATION WILL BE RESTRICTED TO OUR STAFF AND BANK PERSONNEL INVOLVED IN THE DIRECT DEBITS OF ACCOUNTS.**

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