

El Paso Federation of Teachers and Support Personnel (Tx AFT/AFT) Membership Form



Name _____
Last Name First Name MI

Address _____

City/Zip _____

Home Phone _____ Cell Phone _____

Your HOME E-Mail Address _____

Job Title _____ TEAMS ID# _____

SSAN _____ - _____ - _____ D.O.B _____

Campus or Department _____

Signature _____ Date _____

Please Check Your Classification: ____ Certified ____ Non-Certified ____ Other

Complete for Payroll Deduction

I hereby authorize deductions from my El Paso Independent School District paychecks for dues to the El Paso Federation of Teachers and Support Personnel (Tx AFT/AFT Local #3483). These deductions will continue for this school year and future years including any increase in dues that may occur, and until written notification by me is given to the El Paso Independent School District Payroll Department revoking this authorization.

☐ Yes, I want my dues deducted from my paycheck _____ (initials)

C.O.P.E Contribution Form

The El Paso Federation of Teachers and Support Personnel encourages all members to participate in local elections. The El Paso Federation actively advocates on behalf of its members with current and prospective office holders on issues of concern to them. The El Paso Federation endorses and supports candidates who are supportive of public education and our issues.

C.O.P.E is the Committee on Political Education. The Committee is the political action arm of the Federation. Its role is to research issues (e.g. Bond Issues) and candidates, recommend endorsements and assisting endorsed candidates with funds and volunteers.

Making a contribution is a not a condition of membership and as a member you have a right to not contribute with no impact on your membership rights, privileges, support or benefits.

My signature below authorizes EPFTSP to deduct the amount noted as a voluntary contribution to the EPFTSP's C.O.P.E. I understand this authorization will remain valid as long as I am a member of EPFTSP, unless revoked in writing.

Signature _____ Date _____

I wish to authorize the following amount to be deducted from my salary:

- ☐ \$1.00 per month
- ☐ \$3.00 per month
- ☐ \$5.00 per month
- ☐ \$10.00 per month
- ☐ \$____ per month

**Fighting Back
Fighting Forward
Standing Together**



Your Federation Representatives

Andress, Irvin and Chapin

Feeder Patterns

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Coronado, El Paso and Chapin

Feeder Patterns

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Bowie, Burges and Jefferson

Feeder Patterns

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Central Office

Lupe Dominguez c: 525-1043

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