



AFT Utah - A Union of Professionals

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MEMBERSHIP APPLICATION AND AUTHORIZATION OF DUES WITHHOLDINGS

Commencing _____, 20____, I hereby authorize my employer to withhold from my salary a sum equal to the annual dues of AFT Utah as determined by my local assignee. This authorization will remain in effect until further notice - unless changed or terminated by me on thirty days written notice to AFT Utah. Dues paid to AFT Utah may not be deductible for federal income tax purposes; however, under limited circumstances, dues may qualify as a business expense. These dues shall be deducted monthly in equal payments. I understand my dues will provide liability and Accidental Death & Dismemberment insurance, as well as all related AFT publications and union benefits.

Print Name _____

Home Address _____ Employee ID# _____

City/Zip _____ Employer _____

Home Phone _____ Work Phone _____ Worksite/Location _____

Email _____ Position _____

Employment Status: Full Time \$ _____ Part Time \$ _____ Hourly \$ _____ per hour.

Annual Salary

Annual Salary

Signature _____ Date _____