



**MEMBERSHIP FORM & DUES/COPE AUTHORIZATION**  
 Lake County Federation of Teachers, Local 504, IFT-AFT/AFL-CIO  
 248 Ambrogio Drive, Gurnee, IL 60031, 847-623-7725



**Membership**

I hereby apply to be a member of the Lake County Federation of Teachers, AFT Local 504 and authorize the Lake County Federation of Teachers, AFT Local 504 to act as my exclusive representative with my employer:

SIGNATURE: \_\_\_\_\_ NAME: \_\_\_\_\_

PERSONAL EMAIL ADDRESS: \_\_\_\_\_ SOC. SEC. NO.(LAST FOUR): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

SCHOOL BUILDING: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

**Annual Dues and COPE Authorization**

To: School District Name/# \_\_\_\_\_

I authorize you to deduct from my earnings on a regular pro rata basis, and time frame as set forth in my collective bargaining agreement, the following:

1. An amount equal to the current annual membership dues as certified by the Lake County Federation of Teachers, Local 504, IFT-AFT/AFL-CIO. This voluntary authorization and assignment shall be irrevocable, regardless of whether I am or remain a member of the Union, for a period of one year from the date of authorization and shall automatically renew from year to year unless I revoke this authorization by completing a revocation form at the Union Hall between August 1 and August 31.
2. An additional twenty dollars/other: \_\_\_\_\_ (twenty dollars per year is the recommended contribution and you may enter that amount or another amount or zero, if you wish to make no contribution) per year for the Lake County Federation of Teacher Committee on Political Education (LCFT-COPE). This authorization is signed freely and voluntarily and not out of any fear of reprisal; I will not be favored or disadvantaged because I exercise this right. This authorization shall continue in effect from year to year unless terminated by me by written notification to the LCFT-COPE.

These amounts shall be paid to the Lake County Federation of Teachers and the LCFT-COPE separately and may be used to make political contributions by AFT/COPE. These authorizations shall continue in effect from year to year unless terminated by me as indicated above or upon termination of my employment in the District. **Payments to the Union are not deductible as charitable donations for federal income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Return this form to the Union Office. The Union Office will forward appropriate copies to your District. Retain pink copy



**Designation of Beneficiary for Accidental Death and Dismemberment Policy**

A Union of Professionals

**AFT +**  
Member Benefits

Member's Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Email Address \_\_\_\_\_ Local Union No. \_\_\_\_\_

Policyholder **American Federation of Teachers** Policy No. **C-4363**

Name of Beneficiary \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_  
(Required)

**This card, when completed, is to be retained by the local until coverage under the policy terminates with respect to the named member, unless sooner changed or revoked by the member.**

