



**APPLICATION ACTIVE TEACHER MEMBERSHIP 2014 - 2015**  
**Saint Paul Federation of Teachers, Local 28, Education Minnesota**

An affiliate of the American Federation of Teachers, the National Education Association and AFL-CIO

Recognizing the American Federation of Teachers, the National Education Association, Education Minnesota, and the AFL-CIO as constructive forces in providing better educational facilities for children and in protecting the rights to which educators are entitled to in a democratic society. I hereby apply for membership in Local 28, Saint Paul Federation of Teachers, an affiliate of EM, AFT, NEA and AFL-CIO

<b>First Name</b> [REDACTED]	<b>Middle Name</b>	<b>Last Name</b> [REDACTED]	
<b>Nick Name</b>		<b>Former Last Name</b>	
<b>Home Address</b> [REDACTED]	<b>City</b> [REDACTED]	<b>State</b> MN	<b>Zip</b> [REDACTED]
<b>Home Phone</b> [REDACTED]		<b>Cell Phone</b>	
<b>Date of Birth</b>		<b>Ethnicity (Optional)</b>	
<b>Gender</b> <input type="checkbox"/> M <input checked="" type="checkbox"/> F			
<b>Work Email</b> [REDACTED]		<b>Home Email</b>	
<b>School Building</b> Cherokee Heights (PreK-5)		<b>Position</b>	
<b>Subject</b> 51		<b>Employment Start Date</b>	<b>FTE</b> 1.00

I hereby request and authorize you to deduct affiliate costs and .0025 of the current annual gross salary. This amount shall be paid to the Treasurer of Saint Paul Federation of Teachers, Local 28 and shall be retained for payment of my dues of the Saint Paul Federation of Teachers, Local 28.

I hereby apply for membership in: my local affiliate; Education Minnesota; and the national AFT and NEA. I understand my membership is continuous as long as I remain actively employed. I understand that if my active membership ends, I can continue my eligibility for field and legal assistance by purchasing and Education Minnesota reserve or retired membership at that time. I also understand that if I fail to do so, I will have a one-year period to purchase a qualifying membership if I can show I did not receive information about this requirement when my active membership ended. I agree to pay such annual dues as have been set unless I cancel my membership at the end of any membership year by submitting a signed written resignation to my local membership chairperson or president.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**400 Selby Ave., Suite A, Saint Paul, MN 55102 – Phone: 651.222.7303, Fax: 651.222.8948**

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**DUES:** Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction. Check with your tax professional.

**POLITICAL ACTION COMMITTEE (PAC):** The Education Minnesota PAC collects contributions from members and uses those contributions to help elect friends of education to public office. Annual contribution of \$15.00 is assessed on your behalf. Unless you exercise your right to a refund, this contribution will be made on your behalf. This amount may be adjusted up or down in future fiscal years by action of the Representation Convention.

**REFUND PROCEDURE:** New members desiring a refund from the PAC may annually request a Refund Request by calling 1.800.652.9073 or by writing with name and mailing address to the Accounting Department. The member must mail the Refund Request Form to the Accounting Department postmarked or hand delivered within thirty (30) days of signing this application form. The Education Minnesota PAC will mail a refund check within thirty (30) days after receipt of the Refund Request Form. Only the official Refund Request Form will be accepted by the PAC. Photocopies of the form will not be accepted.

**FOUNDATION FOR EXCELLENCE IN TEACHING & LEARNING:** The Foundation supports and promotes initiatives that improve access to learning and excellence in teaching in the form of grants and training that benefit members. The Foundation requests an annual contribution of \$5.00, which is included in your dues. Unless you exercise your right to a refund, this contribution will be made on your behalf to the Foundation.

**REFUND PROCEDURE:** New members desiring a refund from the Foundation may annually request a Refund Request Form by calling 1.800.652.9073 or by writing with name and mailing address to the Accounting Department. The member must mail the Refund Request Form to the Accounting Department postmarked or hand delivered within thirty (30) days of signing this application form. The Foundation will mail a refund check within thirty (30) days after receipt of the Refund Request Form. Only the official Refund Request Form will be accepted by the Foundation. Photocopies of the form will not be accepted.