

MEMBERSHIP REGISTRATION

Email: ofteachers@gmail.com

Facebook: https://www.facebook.com/groups/1314479838608318/

YES! I'm excited to stand together with my fellow Europe South District colleagues and be a member of the Overseas Federation of Teachers, AFT, AFL-CIO (OFT).

Join by filling out this membership form, then scan your completed form and send it to **ofteachers@gmail.com**.

Or join online by scanning the QR code at right or going to https://connect.aft.org/app/memberforms/08053/Membership_Registration.



PLEASE PRINT (* REQUIRED) Name* First Name: _____ Last Name: **Home APO/FPO Address*** Address: ______ Suite/Apt: _____ City: _____ State: Zip Code: Billing Address ☐ Same as Home Address If same as home address, no need to fill out this section. Address*: _____ Suite/Apt: _____ City*: State*: Zip Code*: **Contact Information** Personal Email*: Home Phone Country: _____ Home Phone Number*: _____ Cell Phone Number: _____ Cell Phone Country: _____ ☐ **Telephone Consumer Protection Act Statement:** By providing my cell phone number, I understand that the Union may use automated calling technologies and/or text message me on my cell phone on a periodic basis, and that I can unsubscribe from these messages. The Union will never charge for text message alerts; carrier message and data rates may apply to such texts. **Employment Information** Work Location/Worksite: Local Job Class* □ Counselor □ Nurse □ Teacher □ Other:

OFT MEMBERSHIP REGISTRATION

PLEASE PRINT (* REQUIRED) Dues Amount		
\$ (The dues amount is \$45 p	per pay period, October throug	h May.)
PAYMENT INFORMATION		
You can pay by bank draft , credit card or ch Just choose a payment method and fill out the		
Bank Draft		
☐ Checking ☐ Savings		
Account Holder Name*:		
Routing Number*:		
Account Number*:		
Credit Card		
Cardholder's Name*:		
Card Number*:		
Expiration Date*: CVV Number	r*:	
Check		
If paying by check, you will need to pay the Please give your check and membership for	-	
I hereby request and voluntarily accept me AFT, AFL-CIO, and agree to abide by its Co	·	eration of Teachers,
I authorize the OFT to charge my credit/de dues required for membership. I further a initial membership year and on a recurring schedule set by the OFT. I understand that the amount of annual dues, OFT will provide that notice, I authorize OFT to adjust the modification by adjusting my payments extend this authorization continues year-to-year to terminate this authorization, which much the modification of the description of the	nuthorize those payments to be g basis thereafter, payable in in t if the governing bodies of the vide reasonable notice of the ch amount to be charged to or de qually over the payment schedu year and shall remain in effect of hintain membership in OFT; or (2	made through the installments on the e OFT or AFT change lange. Following bited to satisfy any fule. I understand until the earlier of: 2) my written notice
Signature:	Date:	areu NS