



801 S. Perry Street, Suite 140
 Castle Rock, CO 80104
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 Website: DCFT.net

AUTHORIZATION FOR PAYROLL DEDUCTION – CERTIFIED MEMBERSHIP

Effective Date: _____

Print Name: _____ Payroll ID #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Site/Name, Phone: _____
 Department/Grade/Position/: _____ Date Hired: _____

School district in which your residence is located: _____

I authorize Douglas County School District RE 1 to withhold from my salary \$ _____/month, for Douglas County Federation of Teachers (DCFT) Union Dues.

Signature: _____ Date: _____

Note: Dues for teachers with contracts .75 or less are 1/2. Dues paid to Douglas County Federation of Teachers (DCFT) are deductible for Federal Income Tax Purposes



Designation of Beneficiary for Accidental Death and Dismemberment Policy

A Union of Professionals



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.

