



# THE FEDERATION OF CATHOLIC TEACHERS

## OPEIU - LOCAL 153 AFL-CIO

2153 Richmond Avenue, Suite B-101, Staten Island, NY 10314  
(718) 370-0081 ♦ (800) 280-8610 ♦ Fax (718) 370-0821  
Email: [FCT153@aol.com](mailto:FCT153@aol.com) ♦ Website: [www.fct153.org](http://www.fct153.org)

### MEMBERSHIP APPLICATION

Check one:  Mr.  Mrs.  Miss  Ms.

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET NO. CITY STATE ZIP

PHONE ( ) \_\_\_\_\_ CELL ( ) \_\_\_\_\_ BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

NAME OF SCHOOL: St. John Villa Academy High School YEARS IN THIS SCHOOL \_\_\_\_\_

SCHOOL ADDRESS: 26 Landis Avenue, Staten Island, NY 10305

CHECK ONE:  FULL TIME: \$47.00 per month  PART TIME: \$23.50 per month

#### BENEFICIARY INFORMATION

**LOCAL 153 DEATH BENEFIT TO BE PAID TO:**

(Use Full Name)

**RELATIONSHIP (...husband, wife, father, mother, son, daughter, friend, etc.)**

**SOCIAL SECURITY #:**

Beneficiary Address: \_\_\_\_\_  
STREET NO. CITY STATE ZIP

**OPEIU DEATH BENEFIT TO BE PAID TO:**

(Use Full Name)

**RELATIONSHIP (...husband, wife, father, mother, son, daughter, friend, etc.)**

**SOCIAL SECURITY #:**

Beneficiary Address: \_\_\_\_\_  
STREET NO. CITY STATE ZIP

PLEASE SIGN AND DATE BELOW. **RETURN ENTIRE APPLICATION TO FCT OFFICE**

#### DUES DEDUCTION AUTHORIZATION

APPENDIX E

*I hereby request and authorize St. John Villa Academy High School, according to the arrangements agreed upon with the Union, to deduct from my salary and to transmit to the Union the dues as certified by the Union. I hereby waive the right and claim for said monies so deducted and transmitted in accordance with this authorization and release St. John Villa Academy High School from any liability relating to this deduction. This authority shall be irrevocable for a period of one year unless revoked by me in writing to St. John Villa Academy High School and to the Union during the thirty (30) day period designated by the Union in its By-Laws.*

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date