



# THE FEDERATION OF CATHOLIC TEACHERS

## OPEIU - LOCAL 153 AFL-CIO

### MEMBERSHIP APPLICATION & BENEFICIARY DESIGNATION

2153 Richmond Ave, Suite B-101, Staten Island, New York 10314  
(718) 370-0081 ♦ (800) 280-8610 ♦ Fax: (718) 370-0821 ♦ Email: Info@fct153.org

**PLEASE PRINT CLEARLY** Check one:  Mr.  Mrs.  Miss  Ms.

SOCIAL SECURITY NO.

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

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ADDRESS \_\_\_\_\_

STREET NO.

CITY

STATE

ZIP

PHONE \_\_\_\_\_

CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

NAME OF SCHOOL: Msgr. Farrell HS, 2900 Amboy Rd, Staten Island, NY, 10306

DATE OF HIRE \_\_\_\_\_

CHECK ONE:  FULL TIME: \$47.00 per month

PART TIME: \$23.50 per month

Previous member of FCT/Local 153?  YES  NO

If YES, give date of termination \_\_\_\_\_

Please list other schools at which you have been employed and time period for each school:

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#### BENEFICIARY INFORMATION

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 BOTH AUTHORIZATIONS BELOW. RETURN ENTIRE APPLICATION TO FCT OFFICE.

#### DUES DEDUCTION AUTHORIZATION

APPENDIX F

*I hereby request and authorize Msgr. Farrell High School, according to the arrangements agreed upon with the Union, to deduct from my salary and to transmit to the Union the dues/agency fee, 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 Msgr. Farrell High School of any liability thereof. This authority shall be irrevocable for a period of one year unless revoked by me in writing to Msgr. Farrell High School and to the Union during the thirty (30) day period designated by the Union it is By-Laws.*

DATE \_\_\_\_\_

EMPLOYEE'S SIGNATURE \_\_\_\_\_

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