



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@fet153.org

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

SOCIAL SECURITY NO.

NAME: _____

ADDRESS _____
STREET NO. _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____ PERSONAL EMAIL _____ BIRTHDATE _____

NAME OF SCHOOL: John S. Burke Catholic HS, 80 Fletcher Street, Goshen, NY 10924 DATE OF HIRE _____

CHECK ONE: FULL TIME: \$51.00 per month PART TIME: \$25.50 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:

BENEFICIARY INFORMATION (Please complete both sections)

<u>LOCAL 153</u> 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 _____

<u>OPEIU</u> 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 THE FCT OFFICE.**

DUES DEDUCTION AUTHORIZATION

I hereby request and authorize John S. Burke Catholic HS, 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 John S. Burke Catholic HS of any liability thereof. This authority shall be irrevocable for a period of one year unless revoked by me in writing to John S. Burke Catholic HS and to the Union during the thirty (30) day period designated by the Union in its By-Laws.

DATE _____

EMPLOYEE'S SIGNATURE _____