



A Union of Professionals

THE FEDERATION

A Union of Professionals

Norfolk Federation of Teachers

AFT LOCAL 4261 (757) 623-1246 FAX (757) 640-8467
3620 TIDEWATER DRIVE, NORFOLK, VIRGINIA 23509

www.nft4261.org

I authorize Norfolk Public Schools to deduct the NFT dues in an amount that may be determined from time to time from my pay on a **BI-WEEKLY** basis. I understand that this agreement will be in effect until canceled by me in written form to the above-named professional organization for submission to payroll. *****NFT MEMBERSHIP IS ONLY AVAILABLE TO CONTRACTED EMPLOYEES.**

Check Appropriate Categories 2021- 2022 Dues:

TEACHERS

- Teacher Dues \$34.00 bi-weekly
- Student Teacher Dues \$25.00 **(one-time payment)**
- COPE \$.50 bi-weekly

CLASSIFIED EMPLOYEES (bi-weekly)

- Classified Employee Dues (Check One)
 - ___ Salary \$30,000 & over \$34.00
 - ___ Salary \$10,001 - \$29,999 \$17.00
 - ___ Salary \$10,000 & under \$10.95

PLEASE PRINT CLEARLY

Name _____ SSN# (Last 4-digits) _____

Address _____ LAST _____ FIRST _____ MI _____ City _____ State _____ Zip _____

Date of Birth ____/____/____ Home Phone _____ Cell Phone _____

Worksite _____ Position _____ Grade _____

PERSONAL Email: _____ WORK Email: _____

Recruited By _____
(Please enter full name)

Signature _____ Date _____

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If you are changing from another Professional Organization please complete the following:

I am changing membership from another professional organization, (_____)
Name of other organization

SSN _____ - _____ - _____ Printed Name _____

Signature _____ Date _____

* Sign-On Bonus (if applicable) *

I UNDERSTAND THAT BY ACCEPTING THIS CHECK, I AGREE TO MAINTAIN MY FEDERATION MEMBERSHIP FOR AT LEAST ONE YEAR. IF I DO NOT MAINTAIN MY MEMBERSHIP FOR ONE YEAR, I UNDERSTAND THAT I'M RESPONSIBLE FOR SUBMITTING A REFUND TO THE FEDERATION. I WOULD LIKE MY BONUS MAILED PICK-UP _____

(INITIAL)