## MEMBERSHIP FORM

2126 K Street Sacramento, CA 95816 916-448-2452 www.lrcft.org



Date

About you				
Last Name		First Name		
Home Mailing Address		City	State	Zip
Non-Los Rios and Los Rios email addresses		Home Phone or Cell Employee ID number		number
Employment Details				
Division		 nent	ARC CRC FLC SCC (Choose one)	
Membership Category (Choose one)	Membership Cost		, , , , , ,	
Full time (75%-100%) 10-month	\$144.47/month \$1,444.68/year	<b>Note</b> : LRCFT dues are not deductible as charitable contributions for federal income tax purposes. However, under limited circumstances, they may be deductible as a business expense.		
Full time (75%—100%) 12—month	\$120.39/month \$1,444.68/year			
Part time Temporary .26 FTE or more 10-month	\$41.12/month	# of units or I	FTE this year	
Part time Temporary less than .26 FTE 10-month	\$20.56/month	# of units or I	TTE this year	
Political Action (additional & optional)	\$ /month			
YES! I'll sign now.				
I hereby request and voluntarily accept membership in LRCFT and I agree to abide by its constitution and bylaws.				
I hereby request and voluntarily authorize my employer to deduct from my earnings and pay over to LRCFT the regular monthly dues uniformly applicable to members of LRCFT. This authorization shall be automatically renewed as an irrevocable checkoff from year to year unless I revoke it in writing.				

Signature