MEMBERSHIP FORM

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



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 numb	er

Employment Details

Division	Department	ARC CRC FLC SCC (Choose one)	
Membership Category (Choose one)	Membership Cost		
Full time (75%-100%) 10-month	\$149.39/month \$1,493.88/year	Note: 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	\$124.49/month \$1493.88/year		
Part time Temporary .26 FTE or more 10-month	\$42.52/month	# of units or FTE this year	
Part time Temporary less than .26 FTE 10-month	\$21.26/month	# of units or FTE 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.

Initial

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

Date