

# MEMBERSHIP FORM

Please mail to the address shown on this form, or email to reina@lrcft.org

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 number	

## Employment Details

_____	_____	ARC <input type="checkbox"/> CRC <input type="checkbox"/> FLC <input type="checkbox"/> SCC <input type="checkbox"/>
Division	Department	(Choose one)
<u>Membership Category (Choose one)</u>	<u>Membership Cost</u>	
<input type="checkbox"/> Full time (75%–100%) 10–month	\$157.09/month \$1,570.89/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.
<input type="checkbox"/> Full time (75%–100%) 12–month	\$130.91/month \$1493.88/year	
<input type="checkbox"/> Part time Temporary .26 FTE or more 10–month	\$44.71/month	
<input type="checkbox"/> Part time Temporary less than .26 FTE 10–month	\$22.36/month	
<input type="checkbox"/> Political Action (additional & optional)	\$ <input style="width: 50px;" type="text"/> /month	# _____ of units or FTE this year
		# _____ of units or FTE this year

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