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

Los Rios College FEDERATION of TEACHERS
SCC ARC CRC FLC

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

Division _____ Department _____ ARC ☐ CRC ☐ FLC ☐ SCC ☐ (Choose one)

Membership Category (Choose one)	Membership Cost
☐ Full time (75%–100%) 10–month	$161.86/month $1,618.60/year
☐ Full time (75%–100%) 12–month	$134.89/month $1618.60/year
☐ Part time Temporary .26 FTE or more 10–month	$46.07/month
☐ Part time Temporary less than .26 FTE 10–month	$23.04/month
☐ Political Action (additional & optional)	$ ____ /month

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.

_____ 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