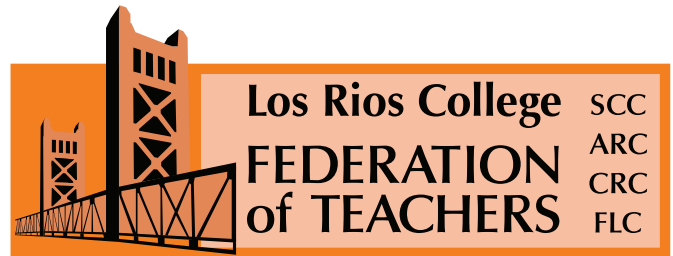


MEMBERSHIP FORM

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 ☐ CRC ☐ FLC ☐ SCC ☐
Division		Department		(Choose one)
<u>Membership Category (Choose one)</u>		<u>Membership Cost</u>		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
☐ Full time (75%–100%) 10–month		\$161.86/month \$1,618.60/year		
☐ Full time (75%–100%) 12–month		\$134.89/month \$1,618.60/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		

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