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 | |
| Employment Details | | | | |
| | | | | |
| Division | Depart | ment ARC CRC FLC SCC (Choose one) | | |
| Membership Category (Choose one) | Membership Cost | | | |
| Full time (75%–100%) 10-month | \$133.80/month \$1,337.96/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 | \$111.49/month \$1337.88/year | | | |
| Part time Temporary .26 FTE or more 10-month | \$38.08/month | # of units or FT | E this year | |
| Part time Temporary less than .26 FTE 10-month | \$19.04/month | # of units or FT | E 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