Join FCFT & Make 2019-2020 The Best School Year Yet!

This year, join the Fairfax County Federation of Teachers and become an advocate for you and your students!

Your teaching conditions are your students' learning conditions. We're organizing to fix long-standing issues within our school system - salaries, conditions, hours, & policies. Plus our benefits and perks mean you're protected by the shield.

Join the union with over 4,000 members, standing together for the issues that matter to FCPS educators. Teacher-scale employees, IA's, PHTA's, PHA's, Security and Administrative Assistants are all welcomed to join.

7405 Alban Station Ct. Suite B215 Springfield, VA 22150
703.451.6840 | fcft.org | info@fcft.org | @FCFTcares
First-time Member Dues
• Teachers (5 pay periods):
  $34.50/month; after, $69/month
• IA’s & Support Personnel (5 pay periods):
  $17.25/month; after, $34.50/month

Dues to RE-JOIN FCFT
• Teachers:
  $69/month
• IA’s & Support Personnel:
  $34.50/month

**This application can be sent to us by US Mail, Pony, or walk-in only.

Fairfax Co. Federation of Teachers
2019-2020 Member Application

I hereby apply for membership in the FCFT. I authorize FCPS to withhold from my salary a sum equal to the constitutional monthly dues of the Federation. This authorization may be revoked by me in any month by written notice to FCFT. I will be responsible to notify FCFT, in writing of any change in my job status with FCPS. FCFT will not refund any dues paid without written notice and approval by FCFT.

(Print)Name_____________________________EmpID#________________
Address______________________________
City________________ State________ Zip_____
Cell #________________ Home #____________
Private Non-FCPS Email____________________
School Location__________________________
Signature______________________________

Dues paid to employee organizations may not be deductible for federal income tax purposes; however, under limited circumstances, dues may qualify as a business expense.

*May withhold membership if there is a pre-existing condition.*

Please Check If:
☐ Part-Time ☐ IA/PHTA
☐ Office Personnel ☐ Safety/Security

Referral/Recruiter Name: _________________________

FCFT USE ONLY

OPTION #: ____________________________
AMOUNT: ____________________________

Signature

The card below will be submitted to FCPS’ Payroll Office to begin full deduction of dues after your five months of 1/2 dues has expired. I authorize FCPS to withhold from my salary a sum equal to the constitutional monthly dues of the Federation. This authorization may be revoked by me in any month by written notice to FCFT. I will be responsible to notify FCFT, in writing of any change in my job status with FCPS. FCFT will not refund any dues paid without written notice and approval by FCFT.

(Print)Name

EmpID#

FCPS Email

Signature

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