

Pflugerville Federation of Teachers Membership Form & Payroll Deduction Authorization

I hereby authorize the Pflugerville Independent School District to deduct from my salary \$_____ per month and remit to the Pflugerville Federation of Teachers. These deductions will continue for this school year and future years, including any increases in the amount to be deducted that may occur. I also understand that this authorization will remain valid until I revoke it in writing. The Pflugerville Federation of Teachers will notify Pflugerville ISD of any changes. Disclaimer: PFT will not cover pre-existing conditions.

Print Name

Social Security #

Home Email Address

Home Address

City

Zip

Campus

Employee Signature

Date

Home or Cell Phone #

Summary of Pflugerville Federation of Teachers Monthly Dues

PFT	
Above \$15,000 gross salary	\$31.00
Below \$15,000 gross salary	\$18.00
Below \$10,000 gross salary	\$12.00

Return entire form by school mail to:
Dale Holub at KLMS or Richard Horn at CHS

T-Shirt Size-_____

Updated 8/27/13