



**DUES AUTHORIZATION CARD BROWARD TEACHERS UNION, LOCAL 1975, FEA, AFT, NEA, AFL-CIO**

**2019**

REQUIRED: (CHECK ONE)  INSTRUCTIONAL STAFF     TECHNICAL SUPPORT STAFF     CHARTER SCHOOL STAFF     EDUCATION SUPPORT STAFF

Name *(last, first, middle)* \_\_\_\_\_ Personnel # \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Cell phone \_\_\_\_\_

Position *(required)* \_\_\_\_\_ Home email \_\_\_\_\_

School/work site *(required)* \_\_\_\_\_ Location no. \_\_\_\_\_ Recruited by \_\_\_\_\_

The Broward Teachers Union is hereby designated as my agent to represent me with my employer.

I also request and authorize my employer to deduct from earnings and transmit to the organization an amount sufficient to provide for regular payment of the membership dues as certified from time to time by the organizations.

I understand that such deduction is revocable upon thirty (30) days written notice to the employer and union. I hereby waive any right and claim for said monies so deducted and transmitted in accordance with this authorization.

My signature below grants permission for BTU to contact me at my personal e-mail and or cell phone.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return via e-mail ([communications@btuonline.com](mailto:communications@btuonline.com)), US Mail (6000 N University Drive • Tamarac, FL 33321) or FAX: (954.739.1803)