

# MEMBERSHIP FORM

2126 K Street  
Sacramento, CA 95816  
916-448-2452  
www.lrcft.org



Los Rios College  
FEDERATION  
of TEACHERS

SCC  
ARC  
CRC  
FLC

## 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

\_\_\_\_\_  
Department

ARC ☐ CRC ☐ FLC ☐ SCC ☐  
(Choose one)

\_\_\_\_\_  
Membership Category (Choose one)

\_\_\_\_\_  
Membership Cost

☐ Full time (75%–100%)  
10–month

\$157.09/month  
\$1,570.89/year

☐ Full time (75%–100%)  
12–month

\$130.91/month  
\$1,570.89/year

☐ Part time Temporary .26 FTE or more  
10–month

\$44.71/month

# \_\_\_\_\_ of units or FTE this year

☐ Part time Temporary less than .26 FTE  
10–month

\$22.36/month

# \_\_\_\_\_ of units or FTE this year

☐ Political Action  
(additional & optional)

\$  /month

**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.

## 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

Please mail to the address shown on this form, or email to [reina@lrcft.org](mailto:reina@lrcft.org)