



Washington Teachers' Union www.WTUlocal6.org

Amplifying the Voice of DC Teachers

✓ YES! I want a voice in my work and in the community!

With the Washington Teachers' Union (WTU), I have **POWER: Professional growth, Organizing with our community to ensure equity and excellence in our schools, Winning strategies to ensure lawmakers listen to teachers, Equal partners with DCPS to establish policies and programs, Respect for our profession**

I am already a member of the WTU and will stick with my union. (If you are already a member, please fill out the form below to assure that your contact information is accurate and that you will continue to receive important information from the WTU).

✓ YES! I want to join the WTU: Membership application

Effective immediately, I hereby authorize District of Columbia Public Schools to deduct union dues of \$36.08 from my pay each pay period and to forward it to the Washington Teachers' Union (WTU). I authorize the WTU to act as my exclusive bargaining representative for purposes of collective bargaining with respect to wages, hours and other terms and conditions of employment.

Date: _____ Job Title/Function: _____ School _____

Last Name First Name Middle Initial

Street address Apt. No.

City State Zip code

Cell phone Home phone Personal e-mail

Signature DCPS Employee ID Number:

By signing the above, I acknowledge that I understand that while I can resign my membership at any time, my dues deduction authorization shall continue in effect until revoked by my written notice of revocation during the drop period of fifteen (15) days following each anniversary date of my employment.

Signature and title of authorized WTU official _____ Date _____

✓ YES! I want to assure that the voice of DC teachers stays powerful. I hereby authorize DCPS to deduct \$1.00 from my pay each pay period and to forward it to the WTU Committee on Political Education (COPE), c/o the Washington Teachers' Union.

Signature: _____ Date: _____

**TO JOIN THE WTU, FILL OUT THE ABOVE FORM AND MAIL IT TO THE WTU AT
1239 PENNSYLVANIA AVENUE S.E., WASHINGTON, DC 20003
YOU MUST RETURN THIS ORIGINAL FORM TO THE WTU. DO NOT FAX OR SCAN**