

# Welcome to the RI AFT/R! (Local 8037R, AFT, AFL-CIO)



This card is for newly Retired Teachers or new Associates.

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Former Local: \_\_\_\_\_ Retirement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(if applicable) No. (preferred) or Name (if applicable)

- **Associates pay \$33 by check.**
- **Retired Teachers:**
  - If your former local does not sponsor your first year (\$36) of membership in the RI AFT/R, you must also complete the **Dues Deduction form** below.
  - The RI AFT/R contributes \$2 of your dues annually to the Committee on Political Education (COPE). **If you wish to opt out**, you must initial here: \_\_\_\_\_

Send your document(s) to:

**RI AFT/R**  
**30 MONTICELLO RD UNIT 2452**  
**PAWTUCKET RI 02861-7718**

# Renewal, RI AFT/R (Local 8037R, AFT, AFL-CIO)



This card is for Retired Teachers or Associates who are continuing their membership.

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Former Local: \_\_\_\_\_ Retirement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(if applicable) No. (preferred) or Name (if applicable)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Lifetime Members, age 85+)

- **Associates pay \$33 by check.**
- If you are neither an Associate nor a Lifetime Member:
  - You must either complete the Dues Deduction form (\$3/month), or pay \$36 by check.
  - The RI AFT/R contributes \$2 of your dues annually to the Committee on Political Education (COPE). **If you wish to opt out**, you must initial here: \_\_\_\_\_

Send your document(s) to:

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**PAWTUCKET RI 02861-7718**

# Dues Deduction, RI AFT/R (Local 8037R, AFT, AFL-CIO)



This card is for dues-paying Retired Teachers only.

It is now *required* for Retired Teachers joining on or after June 1, 2023.

While prior members retain the privilege of paying by check, this is preferable and may become a universal requirement in future years.

I, the undersigned, hereby join the Rhode Island American Federation of Teachers/Retirees Chapter, Local 8037R and designate said chapter as my duly chosen and authorized representative to promote and protect my economic welfare to the extent authorized by law. I hereby request and authorize the deduction from my monthly ERSRI retirement benefit the amount certified by the Retiree Chapter as the current membership assessment. (\$3/month)

NOTICE: In order for us to comply with Internal Revenue Service rulings, be advised your membership dues are not deductible for federal income tax purposes.

Name \_\_\_\_\_

Street \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_ XXX-XX-\_\_\_\_\_

E-Mail \_\_\_\_\_

Telephone No. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Retirement Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed \_\_\_\_\_