General Membership Information

Last, First, MI: _____

Street: _____

_____

City: _____ State: __ __ ZIP + 4: __ __ __ __ __ - __ __ __ __

Phone:__ __ __ - __ __ __ - __ __ __ __ E-mail: _____

Former Local: #_____Name_____ Birth Date: __ __ /__ __ /__ __ __ __
(for determining Lifetime eligibility)

Retired Teachers: The RI AFT/R contributes $2 of your dues annually to the Committee on Political Education (COPE). If you wish to opt out, initial here: _____

Retirement Date: __ __ /__ __ /__ __ __ __

****Pension Eligibility Date:** __ __ /__ __ /__ __ __ __

Payroll Deduction Authorization

I, the undersigned, hereby agree to 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 authorize the RI AFT/R to collect my current annual dues ($36) in the form of twelve monthly automated deductions of $3 from my ERSRI retirement benefit. ****(You must be pension-eligible for dues to be deducted.)**

Signature: _____

Date Signed: __ __ /__ __ / 2026 Social Security No.: XXX - XX - __ __ __ __