

General Membership Information



Last, First, MI: _____

Street: _____

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

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

Former Local: _____ 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: ____/____/____

If you are an Associate (not a Retiree), please mark this box: ☐



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: ____/____/2025 Social Security No.: XXX - XX - _____