



# SHORELINE COMMUNITY COLLEGE FEDERATION OF TEACHERS

## Membership Form/Records Update

Home address will be used for election purposes. Personal email addresses will be used for the distribution of Soundings, the SCCFT 1950 newsletter and for direct communication with the union.

I wish to become a member of the Shoreline Community College Federation of Teachers. I am willing to share in the privileges and obligations of membership in the organization. This form guarantees voting rights with no additional cost.

NAME \_\_\_\_\_ PERSONAL PHONE (\_\_\_\_) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PERSONAL E-MAIL \_\_\_\_\_

DIVISION \_\_\_\_\_ FT \_\_\_\_ PT \_\_\_\_ OFFICE PHONE \_\_\_\_\_

OFFICE ROOM NUMBER \_\_\_\_\_ DEPARTMENT OR SUBJECT AREA(S) \_\_\_\_\_

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SIGNATURE OF EMPLOYEE \_\_\_\_\_ DATE \_\_\_\_\_