



Teacher*
Membership-At-Large

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Home/personal e-mail address _____

School District/University _____

Level/Subject Area/Position _____

Signature _____

Date _____

Effective 9/1/2024 - 8/31/2025+

Please enclose a check for money order in the amount of \$ **\$ 397.44** for one year membership-at-large in *AFT Indiana*, AFL-CIO. Or make two semi annual payments each in the amount of **\$ 198.72**. Make your check or money order payable to the *AFT Indiana*.

* Teachers who teach less than full time or non-certificated employees should contact AFT Indiana for dues information. E-mail: sisloan@aftindiana.org.

Please be sure to include a personal email address. The *Capitol Insider* and other communications will be sent by email. Thank you.

AFT Indiana
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