



2009- 2010

**Brazosport Federation of Teachers  
& Support Personnel**



Payment can be made by Payroll Deduction Authorization (sign below),  
or cash/check for yearly dues.

First Name \_\_\_\_\_ Last name \_\_\_\_\_

Social Security (Last four digits only) # \_\_\_\_\_

E Mail Address (for BFTSP information) \_\_\_\_\_ @BrazosportISD.net

E Mail Address (for BFTSP information) \_\_\_\_\_ @

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Campus  
Or Dept. \_\_\_\_\_

Home Phone \_\_\_\_\_

Date \_\_\_\_\_

I understand that these deductions will continue until I notify BISSD in writing that I wish to discontinue them. I understand that BFTSP will notify the school district each year of any changes in the dues amount so that the payroll deduction can be changed accordingly.

**Check the appropriate salary level:**

- Teachers and Certified Personnel \$17.25 per paycheck
- First -year Teacher (with no previous teaching experience) \$12.00 per paycheck
- Paraprofessional & School Related Personnel (PSRP) \$12.00 per paycheck
- Part-time Paraprofessional & School Related Personnel (PSRP) \$8.40 per paycheck

The BFTSP COPE (Committee on Political Education) collects a voluntary contribution of \$0.50 per month from members and uses it to support educational/advocacy issues and local political candidates. *This is included above...* Check here if you do not wish to make this contribution. Making a contribution is not a condition of membership.

Return to: BFTSP 1227 Hwy. 322 Suite 4 Clute TX 77531  
OR your Building Representative  
OR Fax 979-265-0036

For more information call (979) 265-9701 or visit our website at [www.BFTSP.org](http://www.BFTSP.org)

**Payroll Deduction Authorization**

I hereby authorize Brazosport Independent School District to deduct my dues for the Brazosport Federation of Teachers & Support Personnel from my salary. These deductions will continue for this school year and future school years, including any increase in dues that may occur and until written notification is given to the district revoking this authorization.

Signature: \_\_\_\_\_

**For BFTSP Use:**

<b>Name:</b>	_____
<b>SSN:</b>	_____
<b>Deduction:</b>	_____