



ACTIVE BCTF MEMBERSHIP SIGN-UP

(for persons covered by collective agreements)

F08-36 Rev Jun 2019

Please print clearly, and complete all sections

British Columbia Teachers' Federation	Local #	District #
<input type="checkbox"/> Alberni District Teachers' Union	701	70
<input type="checkbox"/> Ucluelet-Tofino Teachers' Association	702	

to the BC Teachers' Federation! Thank you for taking the time to complete this form. The information you provide will form the basis of your record in the membership database. We look forward to working for you and with you as colleagues in our union of professionals. We invite you to explore the BCTF website, bctf.ca, to become familiar with the member services and supports available to you and all the ways you can connect with fellow teachers and the organization as a whole.

Welcome

TO: THE BC TEACHERS' FEDERATION:

I, _____, hereby confirm, on this _____ day of _____, 20____, active membership in the BRITISH COLUMBIA TEACHERS' FEDERATION (Federation, i.e., teachers' union) and in the _____ (Local Association) of the British Columbia Teachers' Federation, and agree to be governed by the Constitution and By-laws of the Federation and the Local.

NOTE FOR MEMBERS EMPLOYED IN MORE THAN ONE LOCAL

BCTF By-Law 3.7 and Procedure 20.A.06 (Members' Guide to the BCTF) clarify the local in which you may vote and hold office (i.e., have "voting membership"). If you are employed as a TTOC in more than one local, you are deemed to have voting membership in the first local to which you applied for membership. If you are subsequently employed on a regular temporary or continuing contract, voting membership will be assigned to the local in which you have the temporary or continuing contract. You may elect to change your voting membership; to do so, notify the BCTF Member Records and Fees Department in writing, and copy both the "old" and "new" voting locals.

TO: THE BOARD OF SCHOOL TRUSTEES OF SCHOOL DISTRICT # 70, Alberni:

Effective immediately, I, _____, hereby authorize you to deduct from my salary and/or wages an amount equal to the fees of the British Columbia Teachers' Federation according to the scale currently in force pursuant to its Constitution and By-laws, and to pay such Federation fees to the Federation, and to deduct from my salary and/or wages and pay to the _____ (Local) of the British Columbia Teachers' Federation an amount equal to the fees of the Local according to the scale currently in force pursuant to its Constitution and By-laws, and to pay such Local fees directly to the Local.

I further authorize you to deduct from my salary and/or wages and pay the Federation and the Local such further increased fees, dues, or levies assessed in accordance with their respective Constitutions and By-laws.

Name (please print)

Signature

Date

Member information

PERSONAL INFORMATION

BCTF Member ID (if known)

See Privacy Statement, overleaf.

Legal First Name _____

Preferred Name _____

Middle Name(s) _____

Last Name _____

Date of Birth _____

Former Last Name _____

(DD / Month / YYYY, e.g., 04/May/1980)

TRB (Teacher) Certificate # _____ or Letter of Permission Effective (from/to) _____

CONTACT INFORMATION

You can update your personal and contact information any time online, at bctf.ca/BCTFmembership.

Mailing Address

Unit, Street (or Box #, RR, etc., as appropriate)

City

Postal Code

Home phone (_____) _____ - _____

Email (home) _____

(to be used for BCTF communications, including member matters; for Privacy reasons cannot be SD email)

Cell phone (_____) _____ - _____

Email (SD) _____

EMPLOYMENT INFORMATION

Current District Employee # _____

Please check the appropriate employment status:

FT/PT Contract teacher (including summer school)

Uncertified FT/PT Contract teacher (covered by PCA; including summer school)

Adult Educator (employed to teach courses that lead to a graduate [Dogwood] certificate, or equivalent)

Associated Professional (covered by PCA, employed to provide professional services to students/teachers)

Teacher Teaching on Call (TTOC) (with Teacher Regulation Branch Certificate)

Uncertified TTOC (covered by PCA)

FT/PT Contract: Effective _____ 20____ to _____ 20____ School _____
(If applicable) (Start date) (End date, if known/applicable)

Have you *previously* been employed in another SD? Yes No If Yes, SD# _____; District Employee # _____

Are you *currently also* employed in another SD? Yes No If Yes, SD# _____; District Employee # _____

Are you in receipt of pension payments? Yes No If Yes: Retired from SD # _____ as of _____
(DD / Month / YYYY)

If Yes: BC Teachers Pension Plan (TPP) You will be automatically withdrawn from the LT portion of the Salary Indemnity Plan (SIP) unless you instruct otherwise.
 Other You may apply to withdraw from LT coverage and deductions; contact the Income Security Division, 604-871-1921.

Membership in the BCTF means having...

- ✓ access to professional development opportunities and workshops, and other pedagogical supports
- ✓ opportunities to participate in committees, provincial specialist associations, research projects, and the governance of the organization at the school, local, and provincial levels
- ✓ a voice: representation and advocacy for members, the teaching profession, and public education on a local, provincial, national, and international basis
- ✓ access to assistance when needed, whether for wellness, peer support, professional relations, or coverage for short- or long-term disability
- ✓ a bargaining agent working to achieve contractual improvements and better working and learning conditions
- ✓ regular and timely communications and publications to stay informed and involved

...and much more.... We look forward to working together with you as local and Federation colleagues.

Privacy statement

Collection, use, and disclosure of your personal information, and your privacy consent

The British Columbia Teachers' Federation ("BCTF") is committed to both protecting the privacy and confidentiality of members' personal information and complying with British Columbia's *Personal Information Protection Act*. We are collecting your personal information on this form because it is needed for BCTF and Local membership records. It will enable us to identify you, send publications to you, and communicate with you, as needed, to fulfill the BCTF's obligations to you as your bargaining agent and your professional organization. We will also use this information to confirm your eligibility for services, to comply with various professional legal and regulatory requirements, to provide services to you, and for research purposes.

We employ security measures to ensure that only authorized individuals have access to your personal information, on a need-to-know basis; this includes individuals at the Federation and at your Local. However, we will not otherwise disclose your personal information, without your permission, except as required or authorized by law. By completing this membership form, you are providing your consent for the BCTF to collect, use, and disclose your personal information in the manner identified above.

Pursuant to the purposes of the BCTF Constitution and to BCTF Policy 27.12, Locals may occasionally contact you by phone and/or send you materials during municipal, school board, provincial, or federal elections in the interest of electing officials committed to quality public education. If you wish to opt out of receiving such information, simply inform the BCTF Privacy Officer, in writing. To view the BCTF's complete privacy policy, visit our website at bctf.ca/PrivacyPolicy.

The BCTF's membership database allows the BCTF to receive member information from school boards in an electronic format, which assists us to provide better service to members, and to oversee and monitor the school board's union dues deductions. The membership database streamlines the reporting and communications between the school boards, local offices, and the BCTF. The BCTF collects the following information from school boards on an ongoing basis:

- Name
- District employee number
- School district position (e.g., contract teacher, TTOC)
- The type of contract (continuing or temporary)
- School location
- Full-time equivalent status (FTE)
- Any changes to employment status, including the reason and the relevant effective dates
- Gross salary
- Union dues deductions
- Any EI rebate deductions
- Any deductions for coverage by the Salary Indemnity Plan for short-term disability and long-term disability

The BCTF will only use your personal information for the purposes identified on this form.

For **membership**-related questions, please contact the BCTF Member Records and Fees Department:

Member Records and Fees Department
British Columbia Teachers' Federation
100 – 550 West 6th Avenue
Vancouver, BC V5Z 4P2

Phone: 604-871-2283 (BCTF Reception), ext. 2191
1-800-663-9163 (toll free)

E-mail: membership@bctf.ca

For **privacy**-related questions, please contact the BCTF's Privacy Officer:

Privacy Officer
British Columbia Teachers' Federation
100 – 550 West 6th Avenue
Vancouver, BC V5Z 4P2

Phone: 604-871-2283
1-800-663-9163 (toll free)

E-mail: privacy@bctf.ca