



BCTF MEMBERSHIP SIGN-UP

(for persons covered by collective agreements)

F08-36 Rev Jun 2020

Please complete all sections.

British Columbia Teachers' Federation	Local #	District #
Local Association Name		

Welcome

to the BC Teachers' Federation! We look forward to working with you as colleagues in our union of professionals. The information provided here will become the basis of your record in the BCTF membership database. Please begin your membership by registering at members.bctf.ca/register.aspx and explore the website to become familiar with the member services and supports available to you and all the ways you can connect with the organization as a whole as well as with fellow teachers.

TO: THE BC TEACHERS' FEDERATION:

I, _____, hereby confirm, on this _____ day of _____, 20____, active membership in the BRITISH COLUMBIA TEACHERS' 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.

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 # _____, _____:

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)

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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/1985)

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

CONTACT INFORMATION

You can update your contact information any time online by logging on to the BCTF Member Portal, at members.bctf.ca/login.aspx.

Mailing Address _____
Unit, Street / PO Box / RR _____ City _____ Postal Code _____

Home phone (_____) _____ - _____ Email (personal)* _____

Cell phone (_____) _____ - _____ Email (district) _____
(*Required to login to the Portal; for Privacy reasons cannot be SD email)

EMPLOYMENT INFORMATION

Current District Employee # _____

Please check one:

FT/PT Contract teacher
(with Teacher Certification Branch [TCB] certificate; including summer school)

Teacher Teaching on Call (TTOC)
(with TCB certificate)

Adult Educator (employed to teach courses leading to a graduate/Dogwood certificate, or equivalent)

Associated Professional (employed under PCA* to provide professional services to students/teachers)
* Provincial Collective Agreement

FT/PT Contract teacher—Uncertified
(without TCB certificate; covered by PCA*; including summer school)

TTOC—Uncertified
(without TCB certificate; covered by PCA*)

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

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 ...

- ✓ access to professional development opportunities, 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
- ✓ 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
- ✓ a voice: representation and advocacy for members, the teaching profession, and public education on a local, provincial, national, and international basis.

We, at the BCTF, look forward to working together with you as local and Federation colleagues.

Privacy statement

Regarding collection, use, and disclosure of your personal information, and your privacy consent

The British Columbia Teachers' Federation (BCTF) is committed to protecting the privacy and confidentiality of members' personal information in addition to complying with British Columbia's *Personal Information Protection Act*. The collection of your personal information on this form is exclusively for BCTF and Local membership records. It will enable the Federation to communicate with you and provide accurate services to you as needed, as well as enable the union to fulfill its obligations to you as your bargaining agent and professional organization. This information is also collected for internal research purposes and in order to comply with professional legal and regulatory requirements. Please be aware that you may opt out of communications at any time.

The BCTF employs 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. 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, email, 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, please inform the BCTF Privacy Officer. 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:

- Full name
- District employee number
- School district position (e.g., Contract teacher, TTOC)
- Type of contract (continuing or temporary)
- Full-time equivalent status (FTE)
- Changes to employment status, including the generic reason and the relevant effective dates
- Gross salary
- Union dues deductions
- EI rebate deductions
- Salary Indemnity Plan deductions

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. 2119
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