**\_\_\_\_\_\_\_\_\_\_ Council, AFT Local 604**

**Nonmember Informed Consent Form**

***Please check each item to indicate that you read and understand that by declining or resigning membership in the IFT/AFT, you will not receive any of the following benefits of membership:***

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| I will not belong to an organization that is the collective voice for public schools, school employees, and students.  I will not have a voice in or be able to participate in any local union meetings and social events.  I will not be able to vote on contract ratification, election of officers, or any other union matter.  I will not be able to serve on a local bargaining team. I will not be allowed to provide input into negotiations of my contract.  I will not be eligible to attend IFT/AFT training on bargaining, legal issues, grievance processing, leadership development, etc.  \_\_\_\_ I will not be eligible to access union-sponsored or subsidized Professional Development (PD) on professional issues (teacher evaluation, special education, trauma-informed practices, licensures, etc) provided by my local union, IFT, or AFT.  I will not be able to hold office at the state, local, or national association level.  I will not be able to attend IFT or AFT conferences including but not limited to bargaining and public affairs conference, summer leadership conference, Higher education conference, or PSRP conference.  My dependents will not be eligible to apply for or receive any scholarship provided by the local union, the IFT, the AFT, or the AFL-CIO.  \_\_\_\_I will not be eligible for free college tuition for me or my family through AFT.  \_\_\_\_ I will not receive $1 million employment liability insurance. If I am sued for events in the workplace, I will be responsible for my own legal defense and payment of any judgment. The AFT plan provides for damages and attorney fees up to:   * $1 million per member from claims arising out of a member's employment activities due to: (1) accidental bodily injury to a student or staff member, (2) accidental property damage of school or student property, or (3) personal injury claim against you by a student, such as slander, libel, false arrest, false detention, imprisonment or invasion of privacy. * Defense cost reimbursement of up to $250,000 per member per year for suits involving the denial of constitutional rights. * Up to $1 million per member per year for inadvertent acts or omissions - including "failure to educate." * Defense cost reimbursement s up to $35,000 per member per year for criminal charges arising out of school activities or sexual harassment if exonerated, otherwise $5,000 * Up to $5,000 for defense of covered claims in licensure board or credential hearings resulting from educational employment activities. * $10,000 in the event of death due to assault while working.   \_\_\_\_ I will not be eligible for member only Accidental Death and Dismemberment Insurance in an amount ranging from $5,000 to $62,500 if I accidentally die or accidentally lose my arm or other limb or sight.  I will not be eligible for the following benefits and services:  AFT Advantage members only discounts on travel, electronics, restaurants, auto buying program, home appliances and services; AFT’s “American Educator,” IFT’s “Union Link” and other union periodicals, discounted personal legal services, AFT Financial Services discounts on auto insurance, AFT Financial Services discounts on homeowners insurance, AFT Financial Services discounts on long-term care insurance, AFT Financial Services no fee low interest VISA card, AFT Financial Services financial investments programs, local access to an AFT Financial Services representative, AFT Member Benefits free term life insurance, AFT Member Benefits home financing program, AFT Member Benefits student loan program, AFT Member Benefits personal loan program, AFT Member Benefits auto purchase program, etc… |
| \_\_\_\_\_\_I will not receive legal representation for statutory tenured teacher dismissal, educator licensure issues, or DCFS abuse and neglect investigations unless the contract specifically requires it. |
| \_\_\_\_\_\_I understand that if half of our fellow workers make the same decision I am making to drop membership, our employer can decertify our union and take away all of the rights of our contract. |
| I understand and agree that by declining or resigning membership, I have no right or access to any of the above benefits of membership. I also understand and agree that membership in the union is subject to the governance documents and the policies and procedures of the Local, the IFT and AFT.  Name (please print) Date  Signature  Reason for resigning membership\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_ I want to remain a member  Name (please print) Date  Signature |