

**I HEREBY APPLY TO BE A SPECIAL ASSOCIATE OF THE LAY FACULTY ASSOCIATION (LFA), LOCAL 1261 –
For any Coach, Moderator, Coordinator, Summer School Teacher, or Activity Leader**



****PLEASE PRINT NEATLY!****

LAY FACULTY ASSOCIATION, LOCAL 1261

138-25 (A) 31 DRIVE,
FLUSHING, NEW YORK 11354-2664
(718) 539-6440
(718) 539-6447 (FAX)

LayFacultyAssoc1261@gmail.com

Name _____ Date of Birth _____ Age _____

Address w/City, State, & Zip _____

Telephone _____ home/cell (circle) _____ Male/Female (circle) _____

Email _____

School Now Employed At _____ Degree Status _____

Marital Status _____ SS # _____ Job Function _____

Certification Yes () No () # of years of prior service _____ Place(s) _____

YOU MUST SIGN AND DATE BOTH COPIES OF THIS FORM. THANK YOU.

Special Associate status is a non-voting category of non-unit member, i.e., any coach, moderator, coordinator, summer school teacher, or activity leader that the LFA negotiates a salary or stipend for said activity during the school year in a school that the LFA represents. The fees paid are for negotiating said salary/stipend and any benefits that the LFA Board of Directors may secure for this class of membership under the LFA Constitution and By-Laws or policies passed by the regular membership in the LFA Local 1261.

I hereby designate the LAY FACULTY ASSOCIATION, LOCAL 1261 as my spokesman for the purpose of securing for me the wages/stipend for my job as any designated coach, moderator, summer school teacher, or coordinator of any activity and I hereby request and authorize my employer, according to arrangements agreed upon with the LFA, to deduct the Special Associate Fees from my salary, stipend, or wage and to transmit to the LFA the monies collected for the above purpose and as certified by the LFA Local 1261. I hereby waive all right and claim for said monies so deducted and transmitted in accordance with the authorization and release my employer of any liability thereof. This authorization shall be irrevocable for a period of one year or until the expiration of the current agreement with the employer on the above job descriptions, and shall continue in full force and effect for successive periods of one year unless revoked by me, since I no longer have the position or the activity ceases, in writing by certified mail to the Employer and the LFA within thirty days prior to any anniversary date of this authorization.

Date

Signature of Participant

I hereby designate the LAY FACULTY ASSOCIATION, LOCAL 1261 as my spokesman for the purpose of securing for me the wages/stipend for my job as any designated coach, moderator, summer school teacher, or coordinator of any activity and I hereby request and authorize my employer, according to arrangements agreed upon with the LFA, to deduct the Special Associate Fees from my salary, stipend, or wage and to transmit to the LFA the monies collected for the above purpose and as certified by the LFA Local 1261. I hereby waive all right and claim for said monies so deducted and transmitted in accordance with the authorization and release my employer of any liability thereof. This authorization shall be irrevocable for a period of one year or until the expiration of the current agreement with the employer on the above job descriptions, and shall continue in full force and effect for successive periods of one year unless revoked by me, since I no longer have the position or the activity ceases, in writing by certified mail to the Employer and the LFA within thirty days prior to any anniversary date of this authorization.

Date: _____ Signature of Participant: _____

