



# ACTIVE MEMBERSHIP APPLICATION

(for persons covered by collective agreements)

F08-36 revised June 09

Are you new to Teaching in BC? Yes: \_\_\_ No: \_\_\_

	Local	District No.
British Columbia Teachers' Federation		
Okanagan Skaha	67	67

Please print and complete all sections

## Member information

In order for the BCTF to plan programs and do outreach work, we are requesting self-identification of members who are of Aboriginal ancestry. Completion of this section is voluntary. Self-identification: Aboriginal

### PERSONAL INFORMATION

Member ID [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] or SIN # [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

The BCTF is asking for your social insurance number to register you for, and to administer, the Salary Indemnity Plan (SIP), including for income reporting purposes. If you provide us with your SIN, we may also use it to connect you to your personal information once, but then your SIN will reside in the BCTF system to be used only for SIP purposes and will no longer be accessible for membership identification purposes. The BCTF assures you that with its membership database, only those BCTF staff who require access to your SIN will be able to access it.

Mr. Mrs. Ms. Miss Dr. Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_  
(Please circle one) Usual First Name \_\_\_\_\_ Middle Name(s) \_\_\_\_\_

Date of Birth Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

College Certificate No. L \_\_\_\_\_ or Letter of Permission  Effective (to/from) \_\_\_\_\_

CONTACT INFORMATION Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail (home) \_\_\_\_\_ E-mail (work) \_\_\_\_\_

### EMPLOYMENT INFORMATION

District Employee No. \_\_\_\_\_ Previously and/or also employed SD# \_\_\_\_\_ District Emp No. \_\_\_\_\_

- FT/PT contract teacher (including summer school)
  - Adult educator (persons who are employed to teach courses that lead to graduate Dogwood certificate, or equivalent)
  - Associated professional (persons covered by collective agreement who are employed to provide professional services to pupils/teachers)
  - District staff
  - Teacher on call (with BC Certificate)
  - Uncertified teacher on call (covered by collective agreement)
- Please check if you are teaching French Immersion

Effective \_\_\_\_\_, 20\_\_ to Expiry Date \_\_\_\_\_, 20\_\_ School \_\_\_\_\_  
Start date End date (if known) (if applicable)

## Application for active membership

I, \_\_\_\_\_, hereby make application this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, for active membership in the BRITISH COLUMBIA TEACHERS' FEDERATION (the Federation) and the Okanagan Skaha Teachers' Union of the British Columbia Teachers' Federation (the Local) and agree to be governed by the Constitution and By-laws of the Federation and the Local.

FOR MEMBERS EMPLOYED IN MORE THAN ONE DISTRICT (e.g., teachers on call, part-time teachers) BCTF By-Law 3.7 requires you to choose one BCTF local in which you exercise full membership rights. You are now deemed to have full membership in the first local in which you apply for membership. You can change this by notifying the BCTF Member Records Department in writing, and sending a copy to both "old" and "new" locals. As well, your membership will be automatically transferred if you apply in another district for the first time in "regular" contract (as opposed to teacher on call) employment

Witness

Applicant's signature

Date

## Assignment of fees and levies

TO: THE BOARD OF SCHOOL TRUSTEES OF SCHOOL DISTRICT NO. 67 Okanagan Skaha  
(district name)

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

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.

Witness

Applicant's signature

Date



## 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 our members' personal information and to 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 to 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 to conduct research. The BCTF plans to transition to primarily electronic communication which is why we are requesting your e-mail address information.

We will disclose your personal information, but not your SIN, to your local. However, we will not otherwise disclose your personal information without your permission, except as required or authorized by law. We have also employed appropriate security measures to ensure only authorized individuals have access to your personal information. 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 28.12, 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 web site at [www.bctf.ca/PrivacyPolicy.html](http://www.bctf.ca/PrivacyPolicy.html).

The BCTF's membership database allows the BCTF to receive member information from the school boards in an electronic format which assists us to keep better track of our 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 is collecting the following information:

- Name
- District employee number
- School district position (for example, whether you are a contract teacher or a TOC)
- The type of contract you have (continuing or temporary)
- Your school location
- Your full-time equivalent status (FTE)
- Any changes to your employment status, including reason and the relevant effective dates
- Your gross salary (current and year-to-date)
- Any EI rebate (current and year-to-date)
- Any Salary Indemnity Plan deductions for short term disability and long term disability (current and year-to-date)
- Union dues deductions (current and year-to-date)

The types of personal information listed above are required on an ongoing basis in order for the BCTF to track our members, fulfill our obligations to you, and to provide you with specific services, as set out above. In particular, we need your personal information listed above for member identification purposes and to allow us to reconcile your union dues payments each month.

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

If you have any questions please contact the BCTF's Privacy Officer at:

Privacy Officer  
British Columbia Teachers' Federation  
100-550 West 6th Avenue  
Vancouver, B.C. V5Z 4P2

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

E-mail: [privacy@bctf.ca](mailto:privacy@bctf.ca)