



F08-20/Rev. June 2024

Affiliate Membership Application

The British Columbia Teachers' Federation (BCTF) is committed to both protecting the privacy and confidentiality of our 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 to provide the services (outlined overleaf) to which you are entitled as an affiliate member.
 To view the BCTF's complete privacy policy, visit our website at bctf.ca/PrivacyPolicy.

When beginning a temporary administrative position, members have the option to maintain continuation of BCTF Salary Indemnity Plan (SIP) coverage. To do so, application for Affiliate membership and an application fee of \$100.00 are required. The completed form and fee paid in full **must be received by the BCTF within 60 days of appointment** to a temporary administrative position. SIP coverage may be accessed during the 12 months from date of appointment. This membership is not renewable. For additional information, see overleaf.

Authorization to Employer

Effective _____, 20____, for up to one year, I hereby authorize the Board of School Trustees of School District No.____ (_____) to deduct from my gross salary and/or wages, and pay to the British Columbia Teachers' Federation, the sum equivalent to the British Columbia Teachers' Federation Salary Indemnity Plan fee according to the scale currently in force pursuant to its Constitution and By-laws.

_____ _____ _____
Applicant name (please print) *Applicant's signature* *Date*

Member Information

Legal First Name _____ Preferred Name _____
 Middle Name(s) _____ Last Name _____
 Date of Birth _____ Former Last Name _____
(DD / Month / YYYY, e.g., 04/May/1985)

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

Home phone (_____) _____ - _____ Email (personal) _____
 Cell phone (_____) _____ - _____ Email (district) _____

Appointing SD # _____ SD name _____ Appointing-SD employee # _____
 Date of appointment _____, 20____ TCB (Teacher) Certificate # L _____

Please inform membership@bctf.ca if there are changes to the above information during this membership period.

FOR BCTF OFFICE USE ONLY

Member Records and Fees Department
 Effective date _____ (DD / MM / YYYY) Expiry date _____ (DD / MM / YYYY) Member ID _____

Accounting Department Paid by: School District Member Date paid _____, 20____
 Method of payment: Cheque # _____ or Deposit # _____ or Credit card _____



Affiliate membership entitles you to ...

- ✓ participate in the BCTF Salary Indemnity Plan for up to one year
- ✓ receive the *Members' Guide to the BCTF*, on request
- ✓ receive the BCTF's *Teacher* magazine, on request
- ✓ access advice on benefit plans, employment insurance, Workers' Compensation Board, Teachers' Pension Plan, Canada Pension Plan
- ✓ participate in the various insurance plans (subject to eligibility conditions), including:
 - BCTF/BCSTA Group Life Plan
 - North American Group Life Plan
 - BCTF/Royal Trust Group Registered Retirement Savings Plan
 - BCTF/Industrial Alliance Voluntary Group Life Plan
- ✓ join Provincial Specialist Associations (PSAs) at the PSA's Member rate
- ✓ participate in BCTF Professional Development activities.

Affiliate membership will ensure coverage under the BCTF Salary Indemnity Plan for the percentage fee currently payable by BCTF active members, plus the employee's share of the reduced employer contribution to employment insurance (payroll deduction), for up to one year from date of appointment.

Affiliate members are not eligible to vote or hold office in the BC Teachers' Federation.

Application Process

1. Accept temporary administrative officer appointment with school district.
2. Decide whether to continue Salary Indemnity Plan coverage. Available for one calendar year from date of administrative appointment.
3. If yes, complete BCTF Affiliate Membership Application and return form electronically to the BCTF Member Records and Fees department (membership@bctf.ca), cc'ing district payroll. Must be received by the BCTF within the 60-day deadline.
4. Contact BCTF Accounting department for payment* of the \$100 membership fee: call **604-871-2101** or **1-800-663-9163** (request Accounts Receivable). Must be received by the BCTF within the 60-day deadline
5. Upon application approval, the appropriate Salary Indemnity Plan and EI Rebate fees will be deducted from salary as usual and remitted to the BCTF via monthly school-district payroll during the eligibility period of one calendar year.

* Payment	<p>Please note, the membership fee may be paid in one of the following ways:</p> <p>By the employee:</p> <ul style="list-style-type: none">• by credit card: call 604-871-2101 or 1-800-663-9163 (request Accounts Receivable)• by cheque, payable to the BCTF (see letterhead for address) <p>By the school district:</p> <ul style="list-style-type: none">• by cheque or EFT, with <i>dues</i>, as part of the next monthly remittance. <p><i>N.B. Payroll must notify the Member Records department to expect payment of the \$100 fee in this way within the 60-day-from-appointment deadline. membership@bctf.ca</i></p>
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Questions?

Member Records and Fees Department: membership@bctf.ca or 604-871-2283 (reception).