

APPENDIX A: DUES DEDUCTION FORM

UFF-Seminole State College Chapter Membership and Dues Deduction Form

Please PRINT Complete Information

_____	_____	_____	_____
Last Name	First Name	MI	Department
_____	_____	_____	_____
Address (Home)	Campus and Office Location		
_____	_____	_____	_____
City State Zip Code	Office Phone		
_____	_____	_____	_____
Email Address (Personal/Home)	Cell Phone	Home Phone	

*Regular Annual Salary is the annualized salary amount in the CONTRACT OF EMPLOYMENT FOR FACULTY or the SUPPLEMENTARY STATEMENT TO CONTINUING CONTRACT OF EMPLOYMENT FOR FACULTY, as applicable.

Please enroll me immediately as a member of the United Faculty of Florida (FEA, NEA-AFT, AFL-CIO). I hereby authorize my employer to begin monthly payroll deductions of United Faculty of Florida dues (1% of regular annual salary). This deduction authorization shall continue until revoked by me at any time upon thirty (30) days written notice to the Seminole State College payroll office and to the United Faculty of Florida.

Direct Pay Alternative --- Must Attach Payment and Pay Stub Reflecting Annual Contract Salary

I wish to pay dues directly to UFF: Annual Dues \$ _____

___ Annual ___ Semi-annual ___ Check (Attached) or ___ Credit Card:

___ Visa ___ M/C Card Number: _____ Exp. Date ____/____

Signature (for payroll deduction authorization)

Today's Date

Please return this form to UFF- Seminole State College of Florida Chapter President.