

APPENDIX B
UNITED FACULTY OF FLORIDA
UFF-FEA-NEA
SAMPLE UFF DUES CHECK-OFF AUTHORIZATION FORM

UFF dues are 1% of bi-weekly salary. *Please fill out the form below and return it to:*
Jack Fiorito, President, UFF-FSU Chapter, RBB 244, Campus 1110

Membership Form
Please Print Complete Information

United Faculty of Florida FSU Chapter

_____			_____		
Social Security Number			Last Name	First Name	MI
_____			_____		
Home Street Address			Campus Address & Mail Code	Department	
_____			_____		
City	State	Zip Code	Office Phone	Home Phone	
_____			_____		
E-mail address -- Personal/Home			E-mail address -- Office		

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 bi-weekly payroll deduction of United Faculty of Florida dues (1% of bi-weekly salary). This deduction authorization shall continue until revoked by me at any time upon 30 days written notice to FSU's payroll office and to the United Faculty of Florida.

Signature (for payroll deduction authorization)

Today's Date

Visit the UFF-FSU Chapter Web Site at www.uff-fsu.org

FSU Works Because We Do!

Approved: Michael Wallman
For the Florida State University
Board of Trustees

Approved: [Signature]
For the United Faculty of Florida

Date: May 3, 2004

Date: May 3 2004