



UNITED FACULTY OF FLORIDA (UNF CHAPTER) MEMBERSHIP FORM

Please Print Complete Information

UNF ID (N number)

Name (Last, First, Middle Initial)

Home Mailing Address

Campus Building, Department, Room

City State Zip Code

Office Phone Home Phone

Personal (non-UNF) Email

UNF Email

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 from my regular salary* for the United Faculty of Florida dues in such amount established from time to time in accordance with the constitution and bylaws of the UFF and certified in writing to the University Administration (currently 1% of salary). This deduction authorization shall continue until revoked by me at any time upon 30 days written notice to UNF's payroll office and to the United Faculty of Florida.

* For those faculty upon a **nine month contract**, dues are only deducted from the faculty's **regular nine (9) month salary excluding any payment for overloads and summer assignments** in such amount established from time to time in accordance with the constitution and bylaws of the UFF and certified in writing (email) to the University Administration (currently 1% of salary). For those faculty who have their **nine month salary spread out over a year**, dues will be deducted from the **faculty's regular salary spread out over 12 months excluding any payment for overloads and summer assignments** in such amount established from time to time in accordance with the constitution and bylaws of the UFF and certified in writing (email) to the University Administration (currently 1% of salary).

* For those faculty upon an **annual contract**, dues are only deducted from the **faculty's regular twelve (12) month salary excluding any payment for overloads** in such amount established from time to time in accordance with the constitution and bylaws of the UFF and certified in writing (email) to the University Administration (currently 1% of salary).

- Dues for members of UFF who are **not members of bargaining units shall be \$45 plus the cost of FEA and NEA dues.** This amount shall be raised each year by the average increase in salary for UFF members as determined by the UFF Senate. This deduction authorization shall continue until revoked by me at any time upon 30 days written notice to UNF's payroll office and to the United Faculty of Florida.

- I shall make personal payments to United Faculty of Florida in Tallahassee, Florida.

Signature (for payroll deduction authorization)

Date

Submit this form to

Rebecca Marcon, UFF President
Building 51, Room 3205
(904) 620-1639
rmarcon@unf.edu

OR

Rob Zeglin, Membership Chair
Brooks College of Health, Room 4066
(904) 620-5048
r.zeglin@unf.edu

*You may also submit this form to any UFF-UNF Officer (Mark Ari, Vice President;
Ash Faulkner, Treasurer; Hope (Bess) Wilson, Secretary).*