

UNF – UFF Collective Bargaining Agreement 2017-2020

**APPENDIX B
UFF DUES CHECK-OFF AUTHORIZATION FORM**

Membership Form
United Faculty of Florida-University of North Florida
Please Print Complete Information

_____	_____	_____
UNF – Number	Last Name	First Name MI
_____	_____	_____
Home Street Address	City, State	Zip Code
_____	_____	_____
Campus Building, Room, Department/Unit	Office Phone	Home Phone
_____	_____	_____
E-mail address – Personal/Home	Last 4 digits of Social Security #	

_____ 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 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 (1% of regular salary, not to include overload or summer pay). 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.

Signature (for payroll deduction authorization)

Today's Date

United Faculty of Florida-UNF Chapter