



United Faculty of Florida

UNIVERSITY OF NORTH FLORIDA

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.

Signature (for payroll deduction authorization)

Today's Date

Submit this form to one of the following people:

Kally Malcom
UFF-UNF President
Building 45 D, Room 1024
(904) 620-4039
kally.malcom@unf.edu

Carolyne Ali-Khan
Membership Co-Chair
Building 57, Room 2324
c.ali-khan@unf.edu

Nick de Villiers
Membership Co-Chair
Building 8, Room 2625
n.devilliers@unf.edu

For the \$50/50% promo, who referred you to join? _____

Preferred method for receiving news, updates, invites, etc.:

___ Email ___ Text ___ Other: _____