

APPENDIX A—United Faculty of Florida: Brevard Chapter Membership Form

UFF dues are 1% of bi-weekly salary

Please PRINT Complete Information

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

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 Eastern Florida State College’s payroll office and to the United Faculty of Florida.

Signature (for payroll deduction authorization) _____
Today’s Date

Please return this form to Membership Chair, UFF Brevard Chapter, Cocoa, Bldg 42-2 (UFF Office)