

United Faculty of Florida Membership Form

Yes! I wish to become a member of the United Faculty of Florida

Name_____ Department/College_____

Work Phone_____ Email Address_____

Social Security Number_____

Signature_____ Date_____

UFF Dues are one-percent (1%) of regular salary for members.

Payroll Deduction. I authorize my Employer to deduct from my salary, starting with the first full pay period after the date this authorization is received by the Employer, dues described above, and I direct an authorize my Employer to pay such amounts to FGG in accordance with payroll deduction procedure in effect. This deduction authorization shall continue until revoked by me at any time upon thirty days written notice to my institutions personnel office and to UFF.

Direct Payment*

I agree to pay UFF dues as described above __Annually __Semi-annually
__Quarterly

*Check enclosed, or Visa or M/C card number _____
(circle choice)

Please fill out the form and return to Dr. Robert McCarthy, UFF
Membership Chair, Department of Anthropology, Boca Campus