

United Faculty of Florida / United Faculty of Palm Beach State College Membership Form

PLEASE PRINT NEATLY

NAME (Last, First MI) _____

Social Security Number: XXX--XX--_____ Department _____
we require at least the last 4 digits

TITLE _____
(i.e. Assistant Professor, Associate Professor, Professor, Counselor, Librarian, PSAV Instructor)

CAMPUS LOCATION _____

HOME ADDRESS _____

CITY/STATE _____ ZIP _____

PHONE: Work _____ Home _____

PERSONAL E-MAIL _____

UFF dues are one-percent (1 %) of regular salary.

Please enroll me 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 salary). This deduction authorization shall continue until revoked by me at any time upon 30 days written notice to the College payroll office and to the United Faculty of Florida.

Signature (for payroll deduction authorization)

Today's Date

DUES AND CONTRIBUTIONS TO UFF ARE NOT TAX DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL INCOME TAX PURPOSES, BUT MAY BE TAX DEDUCTIBLE AS PROFESSIONAL BUSINESS EXPENSES.

**Please complete this form and give it to a UF-PBSC campus representative or send to
Lori Crane, MS #33, Lake Worth Campus.
Visit <http://www.uff-palmbeach.org> for more information.**

By becoming a member you will:

- √ Strengthen the voice of faculty in negotiations;
- √ Support lobbying efforts for higher education funding and academic excellence;
- √ Receive professional protection by way of a free \$1 million professional liability policy;
- √ Obtain the right to vote in UFF elections and thereby influence UFF bargaining and legislative priorities;
- √ Gain access to a variety of "members only" benefits and services from our affiliates, including workshops, events, free life insurance policies and legal representation;
- √ Receive free professional publications and literature about national higher education issues.