



# United Faculty of Florida

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## 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:

Carolyne Ali-Khan  
Membership Co-Chair  
Building 57, Room 2324

[c.ali-khan@unf.edu](mailto:c.ali-khan@unf.edu)

Nick de Villiers  
UFF-UNF President  
Building 8, Room 2625

[n.devilliers@unf.edu](mailto: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: \_\_\_\_\_