



United Faculty of Florida

UNIVERSITY OF NORTH FLORIDA

Membership Form

Please Type or 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

Membership Commitment: YES

I want to join my colleagues by becoming a member of the United Faculty of Florida, NEA, AFT, FEA, AFL-CIO, and my local UFF chapter. I hereby request and voluntarily accept membership in the United Faculty of Florida, NEA, AFT, FEA, AFL-CIO, and my local UFF chapter, and agree to abide by the Constitution and Bylaws of all organizations.

Annual Payment Authorization: YES

I authorize payment by the University of North Florida to deduct from my pay in each pay period a pro-rata portion of the annual dues. Annual dues are one percent (1%) of my base salary (not to include overload and summer pay) and include all fees and assessments required for membership in the United Faculty of Florida, NEA, AFT, FEA, AFL-CIO, and my local UFF chapter. This authorization continues annually regardless of my membership status, unless (a) I revoke this authorization upon 30 days' notice in writing sent via email, fax or US mail to the employer and employee organization according to Florida Statue 447.303, or (b) my employment with the University of North Florida ends.

I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT, AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.

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

Elizabeth Brown
UFF-UNF President
Building 51, Room 3431
elizabeth.r.brown@unf.edu

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

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

___ Email ___ Text ___ Other: _____