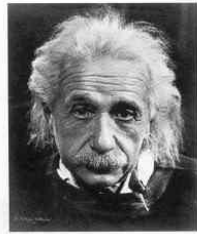


APPENDIX B  
UNITED FACULTY OF FLORIDA  
UFF-FEA-NEA  
SAMPLE UFF DUES DEDUCTION AUTHORIZATION FORM



*"I consider it important, indeed urgently necessary, for intellectual workers to get together, both to protect their own economic status and, also, generally speaking, to secure their influence in the political field."*

ALBERT EINSTEIN  
Charter member, AFT, Princeton, 1938

*Please fill out the form below and return it to:*

\_\_\_ [Name] \_\_\_, President, UFF/UF Chapter, P.O. Box 117055, 240 Norman Hall

Membership Form, United Faculty of Florida  
*Please Print Complete Information*

_____			_____		
Social Security Number			Last Name	First Name	MI
_____			_____		
Home Street Address			Campus Address & P.O. Box	Department	
_____			_____		
City	State	Zip Code	Office Phone		Home Phone
_____			_____		
E-mail address — Personal/Home			E-mail address — Office		

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 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. This

Approved: \_\_\_\_\_  
For the University of Florida  
Board of Trustees

Approved: \_\_\_\_\_  
For the United Faculty of Florida

Date: \_\_\_\_\_

Date: \_\_\_\_\_

deduction authorization shall continue until revoked by me at any time upon 30 days written notice to the Office of Human Resources and to the United Faculty of Florida.

\_\_\_\_\_  
Signature (for payroll deduction authorization)

\_\_\_\_\_  
Today's Date

Return to the UFF State Office, 118 North Monroe St., Tallahassee, FL 32301, or to the UFF/UF Office, P.O. Box 117055, 240 Norman Hall, UF.

*Visit the UFF/UF Chapter Web Site at <http://www.uff-uf.org>*

Approved: \_\_\_\_\_  
For the University of Florida  
Board of Trustees

Approved: \_\_\_\_\_  
For the United Faculty of Florida

Date: \_\_\_\_\_

Date: \_\_\_\_\_

UNITED FACULTY OF FLORIDA  
UFF-FEA-NEA  
SAMPLE UFF-PAC PAYROLL DEDUCTION AUTHORIZATION FORM

United Faculty of Florida - Political Action Committee  
118 North Monroe St.  
Tallahassee, FL 32301  
850-224-8220

*Please Print*

University/College \_\_\_\_\_ Dept.: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*UFF-PAC Payroll Deduction (For University of Florida Faculty)*

I authorize the UF Board of Trustees, through the University Administration, to deduct from my pay contributions to the UFF Political Action Committee in the amount of \$1 per pay period, and I direct that the sum so deducted be paid over to the UFF. The above deduction authorization shall continue until revoked by me through written notice to the Office of Human Resources and to the UFF.

\_\_\_\_\_  
Signature (for payroll deduction authorization)

\_\_\_\_\_  
Today's Date

Return to the UFF State Office listed above, or to the UFF/UF Office, P.O. Box 117055, 240 Norman Hall, UF.

Approved: \_\_\_\_\_  
For the University of Florida  
Board of Trustees

Approved: \_\_\_\_\_  
For the United Faculty of Florida

Date: \_\_\_\_\_

Date: \_\_\_\_\_