

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

Please fill out the form below and return it to:

__ [Name] __, President, UFF/UF Chapter, P.O. Box 112070, 308 Yon 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 UFF and certified in writing to the University Administration. This deduction authorization shall continue until revoked by me at any time upon thirty (30) days written notice to the Office of Human Resource Services and to the United Faculty of Florida.

Signature (for payroll deduction authorization)

Today's Date

Return to UFF State Office, 306 E Park Ave, Tallahassee, FL 32301, or to the UFF/UF Office, P.O. Box 112070, 308 Yon Hall, UF.

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

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

United Faculty of Florida - Political Action Committee
306 E Park Ave
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 UFF Political Action Committee in the amount of \$1 per pay period, and I direct that the sum so deducted be paid over to UFF. The above deduction authorization shall continue until revoked by me through written notice to the Office of Human Resource Services and to UFF.

Signature (for payroll
deduction authorization)

Today's Date

Return to UFF State Office listed above, or to UFF/UF Office, P.O. Box 112070, 308 Yon Hall, UF.