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

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
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<tr>
<th>Home Street Address</th>
<th>Campus Address &amp; P.O. Box</th>
<th>Department</th>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Office Phone</th>
<th>Home Phone</th>
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<tr>
<th>E-mail address – Personal/Home</th>
<th>E-mail address – Office</th>
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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.