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>
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<tr>
<th>Home Street Address</th>
<th>Campus Address &amp; P.O. Box 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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<th>E-mail Address – Personal / Home</th>
<th>Email 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 the 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 the UFF State Office, 115 N Calhoun Street, Suite 6, Tallahassee, FL 32301, or to the UFF-UF Office, P.O. Box 112070, 308 Yon Hall, UF.

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