



United Faculty of Florida
213 South Adams Street
Tallahassee, FL 32301
850-224-8220

MEMBERSHIP FORM

PLEASE PRINT

SOCIAL SECURITY NUMBER

INSTITUTION

DEPARTMENT

CAMPUS

NAME	(first)	(middle)	(last)
Dr.	Mr.		
Mrs.	Ms.		
ADDRESS			
CITY		STATE	ZIP
HOME PHONE ()		WORK PHONE ()	
E-MAIL ADDRESS			

PLEASE USE CODES LISTED ON BACK OF FORM

SUBJECT CODE	POSITION CODE	ETHNIC CODE	SEX	YR. OF BIRTH	REGISTERED VOTER	PARTY AFFIL. CODE

UFF dues are one-percent (1%) of regular salary for members for which the United Faculty of Florida is the bargaining agent. Dues at non- bargaining institutions are determined annually.

Please enroll me as a member of the United Faculty of Florida (UFF).

Payroll Deduction. I authorize my Employer to deduct from my salary, starting with the first full pay period after the date this authorization is received by the Employer, dues described above, and I direct and authorize my Employer to pay such amounts to UFF in accordance with payroll deduction procedures in effect. This deduction authorization shall continue until revoked by me at any time upon thirty days written notice to my institution's personnel office and to UFF.

Direct Payment. I agree to pay UFF dues as described above Annually Semi-annually Quarterly

**Check enclosed or
Charge to credit card**

VISA # _____ exp. date _____

M/C # _____ exp. date _____

Members's Signature

Date

DUES AND CONTRIBUTIONS TO UFF ARE NOT TAX DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL INCOME TAX PURPOSES, BUT MAY BE TAX DEDUCTIBLE AS PROFESSIONAL BUSINESS EXPENSES.

Distribution:

White Copy - Personnel/Payroll Deduction Office
(for payroll deduction only)

Yellow Copy - UFF Office
213 S. Adams St.
Tallahassee, FL 32301

Pink Copy - Local Chapter

Please Note: Copies of this membership form must be returned to your Local Chapter, the UFF State Office, and your Employer's Personnel/Payroll Office (for payroll deduction).

The following information is represented in the form of codes. Please put the appropriate code number in the corresponding box on the front of this form.

Subject

02 Agriculture
 03 Architecture
 05 Art
 06 Biological Science
 07 Business
 08 Communications
 09 Computer Science
 10 Chemistry
 11 Education
 12 Engineering
 13 English
 15 Foreign Language/Lit.
 18 Health /Phys. Educ.
 19 Health Professions
 22 Interdisciplinary Studies
 23 Criminal Justice
 24 Library
 25 Mathematics
 27 Music
 28 Philosophy
 29 Physical Science
 30 Psychology
 31 Public Administration
 33 Religion and Theology
 35 Social Sciences/History
 36 Sociology
 38 Speech and Drama
 90 No Subject Taught
 99 Other

Position

05 Counselor/Psychologist
 07 Health Care Professional
 08 Librarian
 12 Retired
 14 Director
 16 Graduate Assistant
 20 Adjunct Faculty
 21 Admin. Office Personnel
 22 Assistant Professor
 23 Associate Professor
 24 Instructor
 25 Lecturer
 26 Professor
 99 Other

Ethnic *

1 American Indian/Alaska Native
 2 Asian/Pacific Islander
 3 Black
 4 Chicano/Hispano
 5 Caucasian (not of Spanish origin)
 9 Unknown

Registered Voter

Y Yes
 N No
 U Unknown

Party Affiliation

R Republican
 D Democrat
 I Independent
 O Other

* Ethnic information is optional and failure to provide it will in no way affect your membership status, rights or benefits. This information will be kept confidential.