

United Faculty of Florida-UCF

Direct Bill Membership Form

UFF dues are 1% of regular salary.

Please Print Complete Information

_____ Chapter

Last Name First Name MI

Department or Unit

Home Street Address

Building and room # on campus

City State Zip Code

Cell Phone #

Home Phone #

E-mail address -- Personal/Home only

XXX-XX-

Last four digits of SSN

Check or credit card payment must be sent in along with this form.

(Please provide your annual salary)

(This amount is your dues amount)

Annual Salary: \$ _____

1% of Annual Salary: \$ _____

Direct Payment dues: (check one)

Annually Semi-annually (One-half the annual rate)

Check Enclosed (make out to UFF) Check Amount _____

or

Charge to credit card Amount to Charge _____

Visa # _____ exp. Date ____ / ____ CVV ____ (3 digit code)

M/C# _____ exp. Date ____ / ____ CVV ____ (3 digit code)

Please enroll me immediately as a member of the United Faculty of Florida (FEA, NEA-AFT, AFL-CIO).

Signature

Date

(Signature authorizes membership and credit card charges if applicable)

Please return this form to UFF 306 East Park Avenue, Tallahassee, FL 32301.

For questions, please contact Pamela Butler, 850-224-8220, pam.butler@floridaea.org

Academic Freedom, Tenure, Shared Governance, Nondiscrimination, Promotion, Salaries, and Benefits. These are just a sample of the important issues addressed in our Collective Bargaining Agreement. Professional liability insurance and legal assistance are examples of direct benefits of UFF-UCF membership. Most importantly, joining the UFF-UCF helps to build a stronger voice for faculty at UCF, throughout Florida, and nationally.

Support the Team that Works for You
Join UFF-UCF!