

2017-18 UFF At Large Membership Form

Please Print Complete Information

University/College

Last Name, First Name, MI

Department/Unit

Home Street Address

Position/Title

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.

Non-bargaining member categories

Category	NEA/AFT	FEA	FL AFL-CIO	CLC	UFF	Total
At-Large	231.36	224.57	\$6.00	\$3.60	\$45.00	510.53

Direct Payment dues: (check one)

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

Membership begins date of receipt by UFF Office.

Check Enclosed (make out to UFF) Check Amount _____

or

Charge to credit card Amount to Charge _____

Visa # _____ exp. Date _____ CVV _____

M/C# _____ exp. Date _____ CVV _____

Numerical Value of Street Address _____ Billing Zip 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 115 N. Calhoun St, Suite 6; Tallahassee, FL 32301.
For questions, please contact Pamela Williams, 850-224-8220, pam.williams@floridaea.org