

United Faculty of Brevard Membership Form

UFF dues are 1% of bi-weekly salary

Please PRINT Complete Information

United Faculty of Florida Brevard Chapter

Last Name First Name MI

B# Department

Home Street Address

Campus and Office Location

City State Zip Code

Office Phone Home Phone

Email Address Personal Home

Cell Phone

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 (1% of bi-weekly salary.) This deduction authorization shall continue until revoked by me at any time upon 30 days written notice to Brevard Community College's payroll office and to the United Faculty of Florida.

Signature (for payroll deduction authorization) Today's Date

Please return this form to Membership Chair, UFF Brevard Chapter, Cocoa, Bldg 42-2