

2020-2021 UFF Direct Pay Dues 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.

Dues are 1% of salary

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 Aileen Ray, 850-224-8220, aileen.ray@floridaea.org