United Faculty of Florida 2021 - 2022 Retired Chapter Membership Form

Please Print Com	iplete Inform	ation				
First Name MI			E-mail address Personal/Home only			
Home Street Add	ress					
City, State, Zip Code			Cell/ Home Phone number			
XXX-XX- Last four digits of SSN			Date Retired			
		University	/College Retired from			
Check or credit of	card payment	must be sent i	n along with this form.			
Dues structure	for Retired-A	Annual and I	Retired-Lifetime.			
Category N	NEA/AFT	FEA	FL AFL-CIO	CLC	UFF	Total
Retired-Annual	\$35.00	\$11.00	0	0	\$45.00	\$91.00
Retired-Lifetime	\$300.00	\$100.00	0	0	\$100.00	\$500.00
Direct Payment d	ues: (check or	ne)				
□ Annually	□ Lif	etime				
□ Check Enclo	ut to UFF)	Check Amount_				
□ Charge to credit card			Amount to Charg	ge		
Visa #		exp. D	Oate/_			
M/C#		exp. Date/				
Please enroll me in	mmediately as	s a member of	the United Faculty of Flo	orida (FEA,	, NEA-AFT, AF	L-CIO).
Signature				Date		

Please return this form to UFF 115 N. Calhoun St., Suite 6, Tallahassee, FL 32301. For questions, please contact Aileen S. Ray, 850-792 -7952, aileen.ray@floridaea.org

(Signature authorizes membership and credit card charges if applicable)