

2023-2024 Personal Check Membership Form

Please Provide Complete Information

Charle navment	gont in along with this farm:		
Cneck payment must be	sent in along with this form.		University/College
Last Name, First Name,	MI	Department/ Unit	
Home Street Address		Position/Title	
City State	Zip Code	Cell Phone #	Home Phone #
Personal E-mail address	only (non .edu)		
	Membership Du	ues are 1% of base Sala	ry
the UFF , the Florida Educ Federation of Teachers. agree to abide by the Cor	owledge that I want to join my eation Association, the Nationa I hereby request and voluntaril eastitution and Bylaws of all for	Il Education Associati y accept membership ur associations.	ion, and the American in these associations and
consideration for the ser periodic change by the g CHECK unless I revoke the Please make CHECK Pay	dues, fees, and assessments vices the union provides. I undoverning bodies of the associanis authorization by providing stable to Florida Education As Whoun St Suite 6 Tallahassee Florida Education As Whoun St Suite 6 Tallahassee	lerstand that those an ations. I authorize pay 30 days' written notice sociation / FEA . Mai	inual amounts are subject t rment through PERSONAL e to UFF .
PERSONAL CHECK dues:	(check one)		
☐ Annual	☐ Semi-annual (One-half the a	nnual rate)	
☐ Check Enclosed			
Annual base salary 1% of Annual base		(Check	Amount)
Please enroll me immediat	ely as a member of the United F	Caculty of Florida (FEA	, NEA-AFT, AFL-CIO).
Signature			Date

Membership begins date of receipt by UFF Office.

Checks must be made payable to: Florida Education Association / $\ensuremath{\mathsf{FEA}}$