

## 2024-2025 Personal Check Membership Form

Please Provide Complete Information Check payment must be sent in along with this form. University/College Last Name, First Name, MI Department/ Unit Home Street Address Position/Title (Faculty/Professor, Lecturer, Assoc.Prof. etc) Home Phone # City State Zip Code Cell Phone # Personal E-mail address only (non employer/ non .edu) Membership Dues are 1% of Base Salary By signing below, I acknowledge that I want to join my fellow employees and become a member of the UFF, the Florida Education Association, the National Education Association, and the American Federation of Teachers. I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all four associations. I hereby agree to pay the dues, fees, and assessments established by these four associations in consideration for the services the union provides. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize payment through PERSONAL CHECK unless I revoke this authorization by providing 30 days' written notice to UFF. Please make CHECK Payable to Florida Education Association / FEA. Mailing to the UFF HO State office address: 115 N Calhoun St Suite 6 Tallahassee FL 32301-1563 PERSONAL CHECK Dues Payment Option: (please select one) Annual (Full one-time payment of your 1% membership dues amount enclosed) Semi-annual (One-half the annual payment of your 1% membership dues amount enclosed) Your Annual Base Salary 1% of Annual Base salary (Check Amount) ☐ Check Enclosed Please enroll me immediately as a member of the United Faculty of Florida (FEA, NEA, AFT, AFL-CIO).

Membership begins date of receipt by UFF Office.

Date

Checks must be made payable to: Florida Education Association / FEA

Signature

**Please return this form to** UFF 115 N. Calhoun St, Suite 6, Tallahassee, FL 32301. For questions, please contact Aileen Ray, 850-224-8220, UFF@floridaea.org