



2024-2025 At-Large 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 payment must be sent in along with this form.

Non-bargaining Unit Members

	NEA/AFT	FEA	FL AFL-CIO	CLC	UFF	Total
At-Large	\$242.16	\$233.79	\$6.00	\$3.60	\$64.45	\$550.00

Direct Payment dues: (check one)

Annually (\$550.00) Semi-annually (One-half the annual rate/ \$275.00)

Membership begins date of receipt by UFF Office.

Check Enclosed Check Amount _____

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 HQ State office address: 115 N Calhoun St Suite 6 Tallahassee FL 32301-1563

Please enroll me immediately as a member of the United Faculty of Florida (FEA, NEA-AFT, AFL-CIO).

Signature

(Signature authorizes membership.)

Date

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