

2024 - 2025 Retired Chapter Membership Form

Please Print Com	plete Informa	tion					
First Name MI			Last Nam	E-mail address Personal/Home only Cell/ Home Phone number			
Home Street Add	ress		E-mail ac				
City, State, Zip C	ode		Cell/ Hon				
XXX-XX Last four digits of	f SSN		Date Ret	Date Retired			
		University /	/College Retired from				
Check payment n	nust be sent ir	along with thi	is form.				
Dues structure f	for Retired-A	Annual and R	etired-Lifetime.				
	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 on	e)					
□ Annually(\$91	.00/yr) Lit	etime (One tir	me payment \$500.00)				
☐ Check Enclose	sed (make o	ut to FEA)	Check Amount_				
			Education Association Tallahassee FL 3230		ailing to the UF	F HQ State	
Please enroll me in	nmediately as	a member of t	he United Faculty of F	lorida (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, 850-224-8220, aileen.ray@floridaea.org