

2025-2026 Personal Check

$\begin{array}{c} Membership\ Form \\ \text{(Coverage period }09/01/2025-08/31/2026)} \end{array}$

	e Provide Complete Information a payment must be sent in along v			Chapter (University/College)
Last Name, First Name, MI			Department/ Unit	
Home Street Address			Position/Title (Faculty/K12 Teacher; Professor, Lecturer, Assoc.Prof. et	
				<u>/</u>
City	State Z	Zip Code	Cell Phone #	Home Phone #
Perso	onal E-mail address only (non emplo	oyer/ non .edu)		
the Flor Teache the Cor hereby conside periodic CHECK Please address	ing below, I acknowledge that I rida Education Association, the ers. I hereby request and voluntal stitution and Bylaws of all four y agree to pay the dues, fees, and eration for the services the unice change by the governing bodic unless I revoke this authorizate make CHECK Payable to Florices : 115 N Calhoun St Suite 6 Talla	want to join my National Educaterily accept men associations. Indicate association assessments on provides. I under association by providing da Education A	established by these as a discrete derstand that those an ations. I authorize pay 30 days' written notice association / FEA.	become a member of the UFF he American Federation of ciations and agree to abide by four associations in nual amounts are subject to ment through PERSONAL e to UFF .
PERSO	NAL CHECK dues: (check one)			T. 10
	Annual (Full one-time payment of your 1% membership dues amount enclosed)			
ш	Semi-annual (One-half the ann	nual payment of yo	our 1% membership dues	amount enclosed)
	Your Annual Base Salary	\$		
	1% of Annual Base salary	\$ \$		
	☐ Check Enclosed	\$	(Check Amount)
Please e	enroll me immediately as a memb	oer of the United	Faculty 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 / FEA Please return this form to UFF 115 N. Calhoun St, Suite 6, Tallahassee, FL 32301.