UNITED FACULTY OF FLORIDA

2026-2027 Personal Check Membership Form

(Coverage period 09/01/2026 – 08/31/2027)

Please Provide Complete Information
Check payment must be sent in along with this form.

_____
Chapter
(University/College)

_____
Last Name, First Name, MI

_____
Department/ Unit

_____
Home Street Address

_____
Position/Title (Faculty/K12 Teacher; Professor, Lecturer, Assoc.Prof. etc)

_____
City State Zip Code

_____ / _____
Cell Phone # Home 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 HQ State office address: *115 N Calhoun St Suite 6 Tallahassee FL 32301-1563*

PERSONAL CHECK dues: (check 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)
- ☐ Prorated Amount (First-time new member, joining mid-year, membership dues amount enclosed,)

Your Annual Base Salary $_____
1% of Annual Base salary $_____

☐ Check Enclosed $_____ (Check Amount)

Please enroll me immediately as a member 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.
For questions, please contact **Aileen Ray**, 850-224-8220, UFF@floridaea.org