



United Faculty of Florida

Associate / At-Large Membership

Name: _____
[] Dr [] Mr. [] Mrs. [] Ms. (first) (middle) (last)

Address: _____ Apt: _____

City: _____ State: _____ ZIP: _____

Home Phone: (_____) _____ Alternate Phone: (_____) _____

E-Mail Address: _____

Institution: _____ Campus / Work-site: _____

Department: _____

Fill out form, make check payable to United Faculty of Florida and mail to

United Faculty of Florida
306 East Park Avenue
Tallahassee, FL 32301

Dues for Associate/At-Large and other non-bargaining members. Select Category and payment method.

Table with 3 columns: Category, Annually, Semi-annually. Rows include Associate / At-Large, Active, employed less than 25% time, and Part-time.

Please enroll me as an Associate / At-Large member of the United Faculty of Florida (UFF).

Direct Payment dues: [] Annually [] Semi-annually

- [] Check Enclosed or
[] Charge to credit card (Form may be faxed to UFF at 850-222-1767)

Visa # _____ exp. Date ____/____/____

M/C # _____ exp. Date ____/____/____

Member's Signature (also authorizes credit card charges as selected above)

Date

Dues and Contributions to UFF are not tax deductible as charitable contributions for federal income tax purposes, but may be tax deductible as professional business expenses.