

United Faculty of Florida Retired Chapter Membership Form

Name: _____
(first) (middle) (last)

Address: _____ Apt: _____

City: _____ State: _____ ZIP: _____

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

E-Mail Address: _____

Retired from: _____ Date: _____

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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 structure for Retired-Annual and Retired-Lifetime. Select Category and

| Category | NEA/AFT | FEA | UFF | Total Dues |
|------------------|----------|----------|----------|------------|
| Retired-Annual | \$ 25.00 | \$ 11.00 | \$ 45.00 | \$ 81.00 |
| Retired-Lifetime | \$200.00 | \$100.00 | \$100.00 | \$400.00 |

Please enroll me as a Retired member of the United Faculty of Florida (UFF).

Direct Payment dues: ____ Lifetime ____ Annually ____ Semi-annually (One-half the annual rate)

____ Check Enclosed or

____ Charge to credit card

Visa # _____ exp. Date ____/____

M/C# _____ exp. Date ____/____

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