

# 2019-20 UFF Cash Dues Membership Form

*Please Print Complete Information*

		_____ University/College	
_____ Last Name, First Name, MI		_____ Department/Unit	
_____ Home Street Address		_____ Position/Title	
_____ City State Zip Code		_____ Cell Phone #	/_____ Home Phone #
_____ E-mail address -- Personal/Home <b>only</b>		_____ XXX-XX- Last four digits of SSN	

**Check or credit card payment must be sent in along with this form.**

**Dues are 1% of salary**

Direct Payment dues: (check one)

- Annually       Semi-annually (One-half the annual rate)

**Membership begins date of receipt by UFF Office.**

Check Enclosed (make out to UFF)      Check Amount \_\_\_\_\_

**or**

Charge to credit card      Amount to Charge \_\_\_\_\_

Visa # \_\_\_\_\_ exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

M/C# \_\_\_\_\_ exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Numerical Value of Street Address \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

**Please enroll me immediately as a member of the United Faculty of Florida (FEA, NEA-AFT, AFL-CIO).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**(Signature authorizes membership and credit card charges if applicable)**

**Please return this form to** UFF 115 N. Calhoun St, Suite 6; Tallahassee, FL 32301.  
For questions, please contact Sasha Tucker, 850-224-8220, [sasha.tucker@floridaea.org](mailto:sasha.tucker@floridaea.org)