



Social Security Number

Institution Hillsborough Community College

Department

Campus

Name Dr. Mr. Mrs. Ms.

First Middle Last

Address

City **State** **Zip**

Home Phone **Work Phone**

Email Address

Please see online membership forms page for codes to use here.

Subject Code	Position Code	Ethnic Code	Sex	Yr. of Birth	Registered Voter	Party Affil. Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

UFF dues are one-percent (1%) of regular salary for members for which the United Faculty of Florida is the bargaining agent. Please enroll me as a member of the United Faculty of Florida (UFF).

Payroll Deduction. I authorize my Employer to deduct from my salary, starting with the first full pay period after the date this authorization is received by the Employer, dues described above, and I direct and authorize my Employer to pay such amounts to UFF in accordance with payroll deduction procedures in effect. This deduction authorization shall continue until revoked by me at any time upon thirty days written notice to my institution's personnel office and to the UFF.

Direct Payment I agree to pay UFF dues as described above

Annually Semi-Annually Quarterly

Check enclosed or Charge to Visa or Charge to MasterCard

Card Number Expiration Date

Member's Signature _____ **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.

Please submit completed form to
Rich Senker
Dale Mabry Campus

