

Employee ID Number _____

Institution Hillsborough Community College

Department _____

Campus _____

Name	Dr.	Mr.	Mrs.	Ms.	Mx.
_____	_____	_____	_____	_____	_____
<small>First</small>	<small>Middle</small>	<small>Last</small>			

Address _____

City _____ **State** _____ **Zip** _____

Work Phone _____ **Cell Phone** _____

Non-Employer Email Address _____

UFF Dues: 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 of submitting a UFF Resignation Form to UFF-FUSA.

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:
Wendy Pogoda
FUSA Treasurer
SouthShore Campus

or e-mail to: wpogoda@hccfl.edu

