

United Faculty of Florida, University of South Florida

Membership Form (please print)

NAME (Last, First MI) _____

FACULTY RANK (Circle One):

Instructor, Assistant, Associate, Professor, Other _____

Department/Unit _____

Campus _____

CAMPUS MAIL NODE _____

Work e-mail _____

Home e-mail _____

USF GEMS ID: 000000 ____ OR PLEASE LOOK UP MY GEMS ID FOR ME

HOME ADDRESS _____

CITY/STATE _____ ZIP _____

PHONE: Work _____ Home _____

Cell: _____

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

Payment is by payroll deduction: I authorize my employer to deduct from my pay, starting with the first full biweekly pay period commencing not earlier than seven full days from 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 UFF, or by my transfer out of the bargaining unit.

Signature _____ Date _____

*UFF dues are one-percent (1 %) of regular salary for members for which the United Faculty of Florida is the bargaining agent. Dues at non-bargaining institutions are determined annually. **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.***

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