## APPENDIX B UNITED FACULTY OF FLORIDA UFF-FEA-NEA SAMPLE UFF DUES DEDUCTION AUTHORIZATION FORM

Please fill out the formal of			x 112070, 308 Yon H	all	
MEMBERSHIP FORI Please Print Compl	•		RIDA		
Social Security Number			Last Name	First Name MI	
Home Street Address			Campus Address & P.O. Box Department		
City	State	Zip Code	Office Phone	Home Phone	
E-mail Address – Personal / Home			Email Address – Office		
CIO). I hereby auth Florida dues in sucl and bylaws of the l authorization shall	orize my emplon namount estab JFF and certifie continue until	yer to begin lolished from to din writing to revoked by m	bi-weekly payroll ded ime to time in accord the University Adm	Florida (FEA-NEA-AFT, AFL duction of United Faculty of dance with the constitution ninistration. This deduction hirty (30) days written Faculty of Florida.	
	oll deduction a	uthorization)		Today's Date	
Return to the UFF S UFF-UF Office, P.O. Box 112070, 3			Street, Suite 6, Tallah	nassee, FL 32301, or to the	

Visit the UFF-UF Chapter Web Site at <a href="http://www.uff-uf.org">http://www.uff-uf.org</a>