APPENDIX B

UNITED FACULTY OF FLORIDA UFF- FEA-NEA UFF-PAC PAYROLL DEDUCTION AUTHORIZATION FORM

Please be aware that you are NOT automatically a member of UFF. You must complete and sign a membership form and submit it to UFF in order to become a member.

UFF membership entitles you to:

- Free representation in any grievance and arbitration proceedings that you may need to initiate in the future;
- Strengthen the voice of faculty in negotiations;
- Support our lobbying efforts for better higher education funding and academic excellence;
- Receive professional protection by way of a free \$1 million professional liability policy;
- Obtain the right to vote in UFF elections and thereby influence UFF bargaining priorities;
- Gain access to a variety of "members only" workshops, events and services
- \$10,000 in life insurance
- \$50,000 in accidental death insurance
- Two free half-hour non-employment-related legal consultations;
- Receive free professional publications and literature about national higher education issues.
- Discounts on home & auto insurance

Join the NCF-UFF Chapter
UFF dues are 1% of regular salary. Please fill out the form below and return it to:
Jessica Young (ACE206, jyoung@ncf.edu)

Membership Form, United Faculty of Florida, NCF Chapter Please Print Complete Information

Last Name	First Name	MI	Campus Mail Code
Home Street Add	ress		Home Phone
City	State	Zip Code	Office Phone
E-mail address (Personal/Home)			E-mail address (Office)
hereby authorize m of bi-weekly salary)	y employer to begin b	i-weekly payroll ded orization shall contir	culty of Florida (FEA, NEA-AFT, AFL-CIO). I duction of United Faculty of Florida dues (1% nue until revoked by me at any time upon 30 culty of Florida.
Signature (for payre	oll deduction authoriza	ition)	Today's Date