

United Faculty of Florida 2015-2016 Retired Chapter Membership Form

Please Print Complete Information

First Name MI

Last Name

Home Street Address

E-mail address -- Personal/Home only

City, State, Zip Code

Cell/ Home Phone number

XXX-XX-_____
Last four digits of SSN

Date Retired

University /College Retired from

Check or credit card payment must be sent in along with this form.

Dues structure for Retired-Annual and Retired-Lifetime.

Category	NEA/AFT	FEA	FL AFL-CIO	CLC	UFF	Total
<i>Retired-Annual</i>	\$30.00	\$11.00	0	0	\$45.00	\$86.00
<i>Retired-Lifetime</i>	\$250.00	\$100.00	0	0	\$100.00	\$450.00

Direct Payment dues: (check one)

Annually Life-Time

Check Enclosed (make out to UFF) Check Amount _____

or

Charge to credit card Amount to Charge _____

Visa # _____ exp. Date ____/____/____

M/C# _____ exp. Date ____/____/____

Please enroll me immediately as a member of the United Faculty of Florida (FEA, NEA-AFT, AFL-CIO).

Signature

Date

(Signature authorizes membership and credit card charges if applicable)

Please return this form to UFF 115 N. Calhoun Street, Ste.6, Tallahassee, FL 32301.
For questions, please contact Pamela Williams, 850-224-8220, pam.williams@floridaea.org