



# MEMBERSHIP FORM

PLEASE PRINT

To become a member of GAU, print out this form, complete and send through campus mail:

UF-GAU  
224 Yon Hall  
P.O. Box 112014  
Gainesville, FL 32611-7310

**Name:** \_\_\_\_\_ **UFID:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**SSN# (last 4 digits):** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

Enroll me as a member of the Graduate Assistants United (GAU) chapter of United Faculty of Florida (UFF). UFF dues are currently one-percent (1%) of regular salary for members for which the United Faculty of Florida is the bargaining agent.

I authorize my Employer to deduct from my pay, starting with the first full pay period commencing not earlier than seven (7) days from the date this authorization is received by the University, membership dues and uniform assessments for the United Faculty of Florida (UFF) in such amount as may be established from time to time in accordance with the constitution and bylaws of UFF and certified in writing to my Employer by UFF, and I direct that sum or sums so deducted be paid over to UFF. Dues payments to UFF are not tax deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code. This authorization shall continue until either (1) revoked by me at any time upon thirty days written notice by the University Personnel Office, or (2) the discontinuance of my status within this bargaining unit.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_