

Graduate Assistants United

MEMBERSHIP FORM

PLEASE PRINT

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

GAU C/O Michael Mayne
4008 Turlington Hall
P.O. Box 117310
Gainesville, FL 32611-7310

Name: _____ **UF ID:** _____

Department: _____ **Phone:** _____

SSN# (Last four): _____ **Email:** _____

Home Address: _____

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.

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

I authorize my Employer to deduct from my salary, starting with the first full pay period after 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.

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.

Date: _____ **Signature:** _____