LOCAL 4253

United Faculty of Miami-Dade College, FEA, AFT, AFL-CIO
AUTHORIZATION FOR PAYROLL DEDUCTION

FILL OUT BOTH THE TOP AND BOTTOM PORTIONS
(PLEASE PRINT ONE LETTERINUMBER PER BOX)

Name: /_/
Last First MI

Address: /_/

City: /_/ FL Zip: /_/_/_/_/_/

Home Phone: /_/_/_/_/_/_/_/_/_/_/_/_/   Work Phone: /_/_/_/_/_/_/_/_/_/_/_/_/

Campus: /_/_/_/_/_/_/_/_/_/_/_/_/_/_/   Rank: /_/_/_/_/_/_/_/_/_/_/_/_/_/

Department: /_/

I hereby authorize and direct my employer to deduct from my wages and pay to United Faculty of Miami-Dade College, FEA, AFT, AFL-CIO, Local 4253, the appropriate dues amount as established by the membership.

Signature ____ Date___________________________

Social Security Number (This will be your membership number) /_/_/_/-/_/_/_/-/_/_/_/_/

Dues, contributions or gifts to Local 4253, UFMDC, are not tax deducible as charitable contributions under the IRS codes.

Recruited by: ____

Local 4253, UFMDC 9745 Sunset Drive, Suite 204, Miami, Fl 33173. Phone: 305-279-0021. Fax: 305-279-0031

LOCAL 4253

United Faculty of Miami-Dade College, FEA, AFT, AFL-CIO
AUTHORIZATION FOR PAYROLL DEDUCTION

I, ____
(PLEASE PRINT YOUR NAME)
an employee of Miami-Dade College hereby authorize and direct my employer to deduct from my wages and pay to Local 4253, UFMDC, the appropriate dues amount as established by the membership.

This authorization can only be revoked within thirty (30) days written notice to both the Employer and the Union.

Signature: ____

Social Security Number_________________________________ Date_____________________________