

UNITED FACULTY

of the Contra Costa Community College District

CONTRA COSTA COLLEGE

DIABLO VALLEY COLLEGE

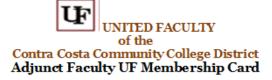
LOS MEDANOS COLLEGE

UF Membership Enrollment and Payroll Deduction Authorization for Part-Time Faculty

I hereby authorize a deduction from my earnings to cover the standard cost of membership in the United Faculty of CCCCD as follows: 0.0035 of my gross salary, .42 cents per month for the PAF (political action fund) and \$5.25 per month for FACCC (the Faculty Association of California Community Colleges) payable to the United Faculty of the CCCCD District and FACCC for professional dues.

I agree these deductions shall be made each month until I instruct you in writing to discontinue the same. I also agree that the amount of the deduction shall be changed to the sum necessary to pay professional dues as authorized by the membership of the United Faculty of the CCCCD unless I instruct you in writing to discontinue the same.

st deduction to be made from earnings for the month of		, 2024.
Campus	Department	Personal Email
Phone Number	Employee ID	Print Name
Signature		
JF Member Who Referred Me	(if any) Referrer Campus	3



Member Name: Member Since:

> 321 Golf Club Road, FO-121 Pleasant Hill, CA94523 Phone: (925) 680-1771 * FAX (925) 680-7283 uf@uf4cd.org

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