



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 CCCCDC 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 CCCCDC 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 CCCCDC unless I instruct you in writing to discontinue the same.

First deduction to be made from earnings for the **month of _____, 2025.**

Campus	Department	Personal Email
Phone Number	Employee ID	Print Name

Signature

UF Member Who Referred Me (if any)

Referrer Campus



UNITED FACULTY
of the
Contra Costa Community College District
Adjunct Faculty UF Membership Card

Member Name:
Member Since:

321 Golf Club Road, FO-121 Pleasant Hill, CA 94523
Phone: (925) 680-1771 * FAX (925) 680-7283
uf@uf4cd.org

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