

**Dues Deduction Authorization Form**

for

Florida SouthWestern State College Faculty Federation, Local 3513,  
Affiliated with United Faculty of Florida, AFT, AFL-CIO

Please enroll me immediately as a member of the United Faculty of Florida (FEA, NEA-AFT, AFL-CIO). I hereby authorize Florida SouthWestern State College to deduct United Faculty of Florida dues (1% of bi-weekly salary) from my wages.

Payroll dues deductions will be made, in an amount derived by dividing 1.0% of my annual contracted salary (exclusive of any supplemental contracts) by the number of my pay periods remaining in the fiscal year.

I hereby waive all right and claim for said monies so deducted and transmitted in accordance with this authorization, and relieve the Board and all of its officers or representatives from any liability thereof.

This deduction authorization shall continue until revoked by me at any time upon 30 days written notice to the payroll office. The authorization shall be cancelled and deductions stopped if:

- 1) I am no longer employed within the bargaining unit represented by the Florida SouthWestern State College Faculty Federation; or
- 2) The Florida SouthWestern State College Faculty Federation, Local 3513, affiliated with the United Faculty of Florida, AFT, AFL-CIO ceases to remain the certified bargaining agent for the faculty in the bargaining unit.

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Please print complete information

Last Name, First Name, MI: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

E-mail address – Home \_\_\_\_\_

E-mail address – Office \_\_\_\_\_

\_\_\_\_\_  
**Signature or Bargaining Unite Member**  
(for payroll deduction authorization)

\_\_\_\_\_  
**Date**

Please return this form to Frank Dowd, Treasurer, FSWSC Faculty Federation, Local 3513  
Lee Campus, Rush Library, Room J-213