Campus Faculty Association Membership and Dues Deduction Form

Name:_____ _____
Last First Middle UIN (for dues deduction)

Dept. and Title: _____

Address: _____ _____
Street City State ZIP code

Campus Mail Code: _____ Email: _____

I hereby authorize the State of Illinois or associated agencies to deduct each month the amount as certified by the union as the current rate of dues. This deduction is to be turned over to the Campus Faculty Association at the University of Illinois.

Signature: _____ Date: _____

.

Mail to: Campus Faculty Association
1001 S. Wright St., MC-390

OFFICE USE: Pay Period Eff. _____
Deduction Code
Payroll Code __69001__

_