



The statewide professional membership association that advocates solely for all community college faculty

FACCC Membership Status Form

Complete the appropriate portion of this form and submit it to the AFA Office by clicking the SUBMIT button above. You may also print and submit this form to the AFA office by college mail.

Please Print.

Opt-in for FACCC Membership. Complete this portion of the form only if (a) your current load is less than 20%, and (b) you wish to become a member of FACCC. There is no additional cost to you for becoming a member of FACCC.

Name _____ Department _____

Semester _____ Current load _____

Opt-in for Home Delivery of FACCTS. Complete this portion of the form only if you would like to subscribe to FACCC's quarterly journal, *FACCTS* at no additional cost. You must be a FACCC member to receive this journal.

Name _____ Department _____

Mailing Address _____
