

MEMBERSHIP FORM

Membership allows you to vote, run for office, add your voice to the union, and grants membership in FACCC. To join AFA and authorize changes to your current payroll deduction, please fill out the requested information, **and sign and date on both signature lines.** Signature is required to authorize changes to deductions.

Name:	SRJC Employee ID #:
Address:City	7:Zip:
Home Phone:	_
Workload: associate	regular/contract
Department/Program:	
Authorization for Dues Withholding from Ea	arnings
I hereby request and voluntarily authorize Santa	
earnings and pay over to AFA and FACCC the am	nounts due for my membership.
AFA Dues : 0.74% (.0074) of gross pay for a	Il contract and associate faculty
FACCC Dues (the amount listed below, as re	lative to my employment category):
Contract faculty: \$189 annually (10	monthly installments of \$18.90)
Associate faculty: \$63 annually, pro	-rated (working at least 33% load, installments
	ade monthly over five months each semester, if working for the district both Fall and Spring
I hereby request and voluntarily accept ment ("AFA"), and I agree to abide by its Constitute acknowledge my membership in AFA autom FACCC. This authorization will remain in efformation of the automatical strengths and the sutomatical from year to year unless I revoke it in well and the sutomatical from year to year unless I revoke it in well and the sutomatical from year to year unless I revoke it in well and the sutomatical from year to year unless I revoke it in well and the sutomature:	ution, Bylaws and Policies. I natically enrolls me as a member of ect and shall be irrevocable unless and e annual opt out period between July ally renewed as an irrevocable check- riting.
Please return this form in one of the Drop off in person to the AFA Of	

➤ Mail via US Postal Service to:

afa@santarosa.edu

Mail via inter-district mail to "AFA"
 Scan signed form and send to

AFA, 1501 Mendocino Avenue, Santa Rosa, CA 95401