



Membership Form

To join AFA and initiate or authorize changes to current payroll deductions, please fill out the requested information above the dotted line and **sign and date in two places where indicated.**

Mail to: All Faculty Association, Santa Rosa Junior College, 1501 Mendocino Avenue, Santa Rosa, CA 95401 or deliver to the AFA mail box in Bailey Hall. Thank you for joining!

Name: _____

Address: _____ City _____ Zip _____

Home Phone: _____ Campus/Work Phone: _____

Workload: _____ adjunct _____ regular/contract

Department or Program: _____

Do you have a mailbox on campus that you check regularly? _____ Yes _____ No

If yes, location of campus box: _____

Dues: As a faculty member at Santa Rosa Junior College I agree to pay the dues set by the Association of .74% (.0074) of my gross pay from the District.

Employee Signature: _____ Date: _____

Santa Rosa Junior College Voluntary Payroll Deduction Authorization Change Form

Employee Name (print) _____
Last First MI

SRJC Employee ID Number: _____

Effective date: _____

Name of Deduction: **All Faculty Association at Santa Rosa Junior College**

Amount: .74% of gross pay (pay x .0074) for contract and adjunct faculty

Employee Signature: _____ Date: _____

Signature required to initiate deductions or authorize changes to deductions

(For Payroll Use Only) Change From: _____ New: _____ Vol ded # 5091

Deliver ORIGINAL FORM to the AFA mailbox
in Bailey Hall

or mail to:

ALL FACULTY ASSOCIATION

Santa Rosa Junior College
1501 Mendocino Avenue
Santa Rosa, CA 95401