Santa Cruz Faculty Association
Membership Application

I wish to join the UCSC Faculty Association. I agree to pay the following dues (check one) by payroll deduction and to sign Form U669 below.

Dues

_____ $17.00 / month for Assistant Professors
_____ $23.50 / month for Associate Professors
_____ $30.00 / month for Full Professors

Mail completed form to:
SCFA/AAUP Coalition
15 Shattuck Sq., Suite 200
Berkeley, CA 94704-1151

Emeriti Professors may join the organization by returning this form and a check for $104 (annual dues) to the address above.

EMPLOYEE ORGANIZATION MEMBERSHIP PAYROLL AUTHORIZATION
UPAY 669 (R7/90)

Please Print or Type

Campus UCSC	LOC	Employee I.D.	Date
Action on this form to become effective the pay period beginning:			Date
Monthly Deduction			

Last Name **First** **Middle Initial**		**Enroll**	**Cancel**	**Monthly Amount**
Dept. Employed at UC **Title at UC**	**DUES**	**X**		
Phone Number **Email**				
Home Address				
Organization Name (include local name and number) SANTA CRUZ FACULTY ASSOCIATION		**TOTAL**		

I authorize The Regents of the University of California to withhold monthly or cease withholding from my earnings as an employee, membership dues, initiation fees and general assessments as indicated above.

I understand and agree to the arrangement whereby one total monthly deduction will be made by the University based upon the current rate of dues, initiation fees, and general assessments. **I ALSO UNDERSTAND THAT CHANGES IN THE RATE OF DUES, INITIATION FEES AND GENERAL ASSESSMENTS MAY BE MADE AFTER NOTICE TO THAT EFFECT IS GIVEN TO THE UNIVERSITY BY THE ORGANIZATION TO WHICH SUCH AUTHORIZED DEDUCTIONS ARE ASSIGNED AND I HEREBY EXPRESSLY AGREE THAT PURSUANT TO SUCH NOTICE THE UNIVERSITY MAY WITHHOLD FROM MY EARNINGS AMOUNTS EITHER GREATER THAN OR LESS THAN THOSE SHOWN ABOVE WITHOUT OBLIGATION TO INFORM ME BEFORE DOING SO OR TO SEEK ADDITIONAL AUTHORIZATION FROM ME FOR SUCH WITHHOLDINGS.**

The University will remit the amount deducted to the official designated by the organization.

This authorization shall remain in effect until revoked by me - allowing up to 30 days time to change the payroll records in order to make effective this assignment or revocation thereof - or until another employee organization becomes my exclusive representative.

It is understood that this authorization shall become void in the event the employee organization's eligibility for payroll deduction terminates for any reason. Upon termination of my employment with the University, this authorization will no longer be in effect.

This authorization does not include dues, initiation fees and general assessments to cover any time prior to the payroll period in which the initial deduction is made. Payroll deductions, including those legally required and those authorized by an employee are assigned priorities. In the event there are insufficient earnings to cover all required and authorized deductions, it is understood that deductions will be taken in the order assigned by the University and no adjustment will be made in a subsequent pay period for membership dues, initiation fees and general assessments.

Employee Signature	**Date**

FOR UNIVERSITY USE ONLY

	Tran Code	Employee ID No.	Date	Element No.	Bal CD	AMOUNT
	1 2	4 12	13 18	19 22	23	24 3
	X1		MO | DY | YR	6	G	
	X1		MO | DY | YR	6	G	
	X1		MO | DY | YR	6	G	

RETENTION 1 YEAR AFTER INACTIVE