



## United Faculty of Washington State Membership Enrollment Form

Employee ID:  
(exclude letters)

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address  
(Street, Route or Box) \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Home Email \_\_\_\_\_

Mobile Phone ( ) \_\_\_\_\_ Work Email \_\_\_\_\_

Department/  
Planning Unit \_\_\_\_\_  Female  Male Date of Birth \_\_\_\_\_

Ethnic Status (optional)  American Indian/Alaska Native  Black/African American  Hispanic/Latina(o)  Multi-Ethnic  Other  
 Caucasian/Euro-American  Native Hawaiian/Pacific Islander  Asian  Choose not to declare  Unknown

**Membership Type**  
(please check one)

- \$75,000 and above
- \$60,000 - \$74,999
- \$50,000 - \$59,999
- \$40,000 - \$49,999
- Below \$40,000

}

Indicate  
annual base  
salary

**UFWS Local**  
(please check your local)

- United Faculty of Central
- United Faculty of Eastern
- United Faculty of Evergreen
- United Faculty of Western Washington

I, the undersigned, acknowledge that I am a member of the above-named faculty union (where the entity representing my bargaining unit is a WEA/NEA, AFTWA/AFT affiliate), the Washington Education Association, the National Education Association, the American Federation of Teachers Washington and the American Federation of Teachers. I hereby authorize my employer to deduct from my salary and to pay to the United Faculty of Washington State membership dues in such amounts as the affiliate unions (WEA, NEA, AFTWA, AFT) may certify as due and owing by me in accordance with their constitutions and bylaws.

I agree that this authorization and assignment shall remain in effect until a signed and dated revocation is received by the WEA Membership Department at P.O. Box 9100, Federal Way, WA 98063-9100. I understand that while I can revoke my membership, I am obligated to fulfill my core dues obligation to UFWS and its affiliates during the year of revocation. Additionally, I understand that state law under certain circumstances may require me to pay a representation fee to UFWS and its affiliates after I have revoked my membership.

Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may qualify as a miscellaneous itemized deduction.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Enroller/Faculty Representative