

# LOCAL 4253

United Faculty of Miami-Dade College, FEA, AFT, AFL-CIO  
AUTHORIZATION FOR PAYROLL DEDUCTION

FILL IN BOTH THE TOP AND BOTTOM PORTIONS  
(PLEASE PRINT COMPLETED FORM & SIGN)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, FL Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

MDC E-mail: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Campus: \_\_\_\_\_ Rank: \_\_\_\_\_

Department: \_\_\_\_\_

I hereby authorize and direct my employer to deduct from my wages and pay to United Faculty of Miami-Dade College, FEA, AFT, AFL-CIO, Local 4253, the appropriate dues amount as established by the membership.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number (This will be your membership number) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Dues, contributions or gifts to Local 4253, UFMD, are not tax deductible as charitable contributions under the IRS codes.

Recruited by: \_\_\_\_\_

Local 4253, UFMD  
11420 N. Kendall Drive, Suite 107, Miami, FL 33176. Phone: 305-279-0021. Fax: 305-279-0031

# LOCAL 4253

United Faculty of Miami-Dade College, FEA, AFT, AFL-CIO  
AUTHORIZATION FOR PAYROLL DEDUCTION

I, \_\_\_\_\_  
(PLEASE PRINT YOUR NAME)

an employee of Miami-Dade College hereby authorize and direct my employer to deduct from my wages and pay to Local 4253, UFMD, the appropriate dues amount as established by the membership.

This authorization can only be revoked within (30) days written notice to both the Employer and the Union.

Signature: \_\_\_\_\_

Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date: \_\_\_\_\_