

# Membership Enrollment UCSB Faculty Association

All members of the Santa Barbara Division of the Academic Senate are eligible for membership in the UCSB Faculty Association.

If you wish to become a member, please download, print, and complete the payroll deduction form below.

Faculty Association dues are tax deductible.

Dues are \$5.00 per month for Assistant Professors, \$7.50 per month for Associate Professors, \$10.00 per month for Full Professors. Lecturers with security of employment pay dues in the category that most nearly approximates their salary range. Emeriti dues are \$15.00 per year. See the separate downloadable form for Emeriti.



**EMPLOYEE ORGANIZATION MEMBERSHIP  
PAYROLL DEDUCTION AUTHORIZATION**  
UPAY 669-8 (10/81)

	CAMPUS	LOC	EMPLOYEE I.D.	DATE
PLEASE PRINT OR TYPE	ACTION ON THIS FORM TO BECOME EFFECTIVE THE PAY PERIOD BEGINNING:			DATE
<b>MONTHLY DEDUCTION</b>				
LAST NAME, FIRST, MIDDLE INITIAL		ENROLL	CANCEL	CURRENT AMOUNT
DEPARTMENT EMPLOYED AT U.C.	DUES			
TITLE AT U.C.	INITIATION FEES			
ORGANIZATION NAME (INCLUDE LOCAL NAME AND NUMBER)	GENERAL ASSESSMENT			
<b>UCSB Faculty Association</b>				<b>TOTAL</b>

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 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
		MO DAY-YR			
X1			6	G	
X1			6	G	
X1			6	G	

RETENTION: 1 YEAR AFTER INACTIVE - ACCOUNTING OFFICE

Send the completed form to:  
UCSB Faculty Association, P.O. Box 13930, Santa Barbara, CA 93107