







## United Faculty of Washington State Membership Enrollment Form

Last Name		First Name		M	liddle Initial	
Home Address (Street, Route o	r Box)				Apt. #	
City			State	ZIP		
Home Phone (	)	Home E	mail			
Mobile Phone (	)	Work Er	mail			
Department/ Planning Unit		Fema	le Male Othe	er Date of Birth		
Ethnic Status (optional)	American Indian/Alaska Native Caucasian/Euro-American	Black/African American Native Hawaiian/Pacific Islander	Hispanic/Latina(o) Asian	Multi-Ethnic Choose not to declare	Other Unknown	
	Membership Type (please check one)			<b>UFWS Local</b> (please check your local)		
\$60,000 - \$ \$50,000 - \$ \$40,000 - \$	\$75,000 and above \$60,000 - \$74,999 Indicate \$50,000 - \$59,999 annual base \$40,000 - \$49,999 salary Below \$40,000			United Faculty of Central United Faculty of Eastern United Faculty of Evergreen United Faculty of Western Washington		
A/NEA, AFTWA/AF achers Washington a ted Faculty of Wash	T affiliate), the Washing and the American Feder	ember of the above-named facult ton Education Association, the N ation of Teachers. I hereby author p dues in such amounts as the a ons and bylaws.	ational Education orize my employer	Association, the Ame to deduct from my sa	rican Federation of lary and to pay to the	
e dues obligation to	k 9100, Federal Way, W UFWS and its affiliates	shall remain in effect until a signe A 98063-9100. I understand that during the year of revocation. Ad JFWS and its affiliates after I hav	while I can revoked ditionally, I unders	e my membership, Ì a stand that state law ur	m obligated to fulfill my	
es payments are not cellaneous itemized		e contributions for federal income	e tax purposes. Du	ies payments (or a po	rtion) may qualify as a	

Effective date: 8/1/2016