



**UNITED ADJUNCT FACULTY OF NEW JERSEY
UNION COUNTY COLLEGE CHAPTER
American Federation of Teachers Local 2222 (AFL-CIO)**

**MEMBERSHIP APPLICATION/AUTOMATIC PAYROLL DEDUCTION
AUTHORIZATION**

I hereby apply for membership in the Union County College chapter of United Adjunct Faculty of New Jersey (UAFNJ), American Federation of Teachers Local # 2222, AFTNJ-SF, AFL-CIO and for all the membership rights, benefits, and services provided by the organization. With this application, I also authorize the chapter to act in my behalf in fulfilling its organizational mission, as duly established through the democratic processes of the Union

Concurrently, I also authorize Union County College to deduct my dues from my earnings each pay period the amount certified by the chapter for the current semester and for succeeding semesters, and to send said monies to the chapter. I understand that the College will discontinue deductions if I file a notice of withdrawal during the ten days (10) following each anniversary of the start of my employment. The notice of revocation of union dues shall be effective on the 30th day after my anniversary date of employment. The College must notify the Union within five (5) days of their receipt of my notice of revocation. I hereby waive all rights and claim for said monies so deducted and transmitted in accordance with this authorization and relieve the College and all its officers of any liability therefore. I understand that union dues may not be deductible for federal income tax purposes; however, under limited circumstances, dues may qualify as a business expense.

NAME (PLEASE PRINT) _____

HOME TELEPHONE _____

HOME ADDRESS _____

CELL PHONE _____

CITY _____

STATE _____ ZIP _____

DEPARTMENT _____

CAMPUS _____

HOME EMAIL ADDRESS (PLEASE PRINT) _____
(NON-SCHOOL)

Check one:

I have received a copy of the UCC and AFT agreement. (Please check once received)

OR

I decline membership in the United Adjunct Faculty Union

SIGNATURE _____ DATE _____

AFTER THIS FORM IS FILLED OUT PLEASE SEND VIA INTERCAMPUS MAIL TO: WILLIAM LIPKIN – HISTORY DEPT.
CRANFORD CAMPUS OR ADDRESS TO W. LIPKIN AND PUT IN MAILBOX IN N5A ON CRANFORD CAMPUS

Cc: Payroll