MEMBERSHIP FORM

Membership allows you to vote, run for office, and add your voice to the union. To join AFA and authorize changes to your current payroll deduction, please fill out the requested information, **and sign and date on both signature lines.** Signature is required to authorize changes to deductions.

Name: _____SRJC Employee ID #: _____

Address: _____City: _____ Zip: _____

Home Phone: _____

Workload: ___ adjunct ___ regular/contract

Department/Program: _____

I hereby request and voluntarily accept membership in the All Faculty Association ("AFA"), and I agree to abide by its Constitution, Bylaws and Policies.

Signature: _____ Date: _____

Authorization for Dues Withholding from Earnings

I hereby request and voluntarily authorize Santa Rosa Junior College to deduct from my earnings and pay over to AFA the amount of .74% (.0074) of gross pay for all contract and adjunct faculty. This authorization will remain in effect and shall be irrevocable unless and until I revoke it in writing to AFA. This authorization shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it in writing.

Signature: _____ Date: _____

Please return this form in one of the following ways:

- **Drop off in person to the AFA Office (437 Elliott)**
- **Mail via inter-district mail to "AFA"**
- **Scan signed form and send to afa@santarosa.edu**
- **Mail via US Postal Service to:**
  AFA, 1501 Mendocino Avenue, Santa Rosa, CA 95401

Revised 03-2018