

Faculty Association

SANTA BARBARA CITY COLLEGE
**APPLICATION FOR MEMBERSHIP AND AUTHORIZATION FOR PAYROLL
DEDUCTION**
(For New and Reinstated Members)

Last Name First Name Middle Initial

Address City State Zip Code

(_____) _____
Phone E-mail

Department SBCC Phone Extension

Employee K#

Check One

____ Full-time Faculty Dues 0.27% of all non-summer income
____ Part-time Faculty Dues 0.27% of all non-summer income

I hereby authorize the Santa Barbara Community College District to withhold from my pay warrant the monthly dues of the Instructors' Association. I understand this authorization will remain in effect until further notice unless changed or terminated by me on thirty days' notice to the Payroll Office and the Instructors' Association.

Signature

Date

PLEASE RETURN TO:
Geordie Armstrong
Membership Director
Faculty Association
bgarmstrong@pipeline.sbcc.edu