

SANTA BARBARA CITY COLLEGE

Faculty Association

APPLICATION FOR MEMBERSHIP
and AUTHORIZATION FOR PAYROLL DEDUCTION
For New and Reinstated Members

Last Name

First Name

Middle Initial

Address

City

State

Zip Code

Personal Phone

SBCC Phone/Extension

Department

Email

Employee K#

Check One

- Full-Time Faculty Dues 0.45% of all non-summer income
- Part-Time Faculty Dues 0.45% 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 Faculty 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 Faculty Association.

Signature

Date

Please Return To:

Ellen Carey
Membership and Organizing Coordinator
SBCC Faculty Association
ecarey@sbcc.edu