

**KENT STATE UNITED FACULTY ASSOCIATION (KSUFA)**

**Membership Form and Dues Deduction Authorization**

**Membership Information**

Name \_\_\_\_\_

Chosen Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

KSU ID# (if known): \_\_\_\_\_

Department and College/School or Campus \_\_\_\_\_

Office Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Academic Rank \_\_\_\_\_

Check one: \_\_\_\_\_ Full-time Non-Tenure Track      \_\_\_\_\_ Tenured or Tenure Track

**Payroll Deduction Authorization Agreement**

As a member of the Kent State University faculty, I hereby authorize and request the Kent State University Payroll Department to deduct from my monthly salary the regular monthly dues as established by the Kent State United Faculty Association. This authorization will continue from year to year until my employment is terminated or until I submit in writing a notice of revocation to KSUFA and to the Manager of the Payroll Department. Deduction is authorized to begin on the next payday following submission of this form.

This form must be returned to KSUFA for processing and delivery to the Kent State University Payroll Department. Sign, scan and email to [office@ksufa.org](mailto:office@ksufa.org) or send a hard copy via campus mail to KSUFA.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

For the Association \_\_\_\_\_ Date \_\_\_\_\_