



California Part-time Faculty Association
Advocate, Educate, Legislate

Membership Application & Renewal Form

BY PAYROLL DEDUCTION

***CHECK IF YOUR DISTRICT HAS CPFA PAYROLL DEDUCTION (If it does not, please see note at the bottom of this form)**

- Butte Cabrillo Contra Costa Foothill-DeAnza Hartnell Glendale Grossmont-Cuyamaca MiraCosta Palomar
- Riverside Santa Monica Shasta Solano Southwestern West Kern

I. PERSONAL INFORMATION (PLEASE PRINT LEGIBLY)

FIRST NAME: _____ LAST NAME: _____ MI: _____

PHONE: (____) _____ EMAIL: _____

ADDRESS: _____

CITY: _____ ZIP: _____

COLLEGE / DISTRICT: _____

DEPARTMENT: _____

RENEWAL (check one): Yes No APPLICATION DATE: ____ / ____ / ____

II. CHECK MEMBERSHIP LEVEL

- REGULAR. \$4.00 / MO. (10 MONTHS)
- SUSTAINING. \$10.00 / MO. (10 MONTHS)

III. PAYROLL DEDUCTION AUTHORIZATION

TO _____ COMMUNITY COLLEGE DISTRICT:

YOU ARE HEREBY AUTHORIZED TO DEDUCT FROM EACH OF MY REGULAR SALARY WARRANTS THE AMOUNT BELOW FOR PROFESSIONAL ORGANIZATION DUES AND TRANSMIT THESE DEDUCTIONS TO THE CALIFORNIA PART-TIME FACULTY ASSOCIATION, WITHOUT FURTHER LIABILITY TO THE ABOVE NAMED DISTRICT. THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL MODIFIED OR REVOKED IN WRITING BY ME OR THE CALIFORNIA PART-TIME FACULTY ASSOCIATION.

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER **or** EMPLOYEE ID NO. (required): _____

SIGNATURE: _____ DATE: ____ / ____ / ____

IV. SUBMIT FORM

IMPORTANT: SUBMIT THIS FORM TO YOUR DISTRICT'S PAYROLL OFFICE. IN CASE YOUR DISTRICT IS NOT LISTED ABOVE*, YOU MUST SET UP PAYROLL DEDUCTION PROCEDURES WITH YOUR PAYROLL OFFICE IN PERSON.

MAIL A COPY OF THIS APPLICATION TO:
 CPFA Membership
 PO Box 1836
 Sacramento, CA 95812

FOR QUESTIONS & GENERAL INQUIRIES:
 Please contact CPFA's Director of Membership
 at membership@cpfa.org
 or call (916) 572-CPFA (2732)