

CPFA

California Part-time Faculty Association

MEMBERSHIP APPLICATION OR RENEWAL

PLEASE PRINT LEGIBLY

NAME			Home Phone	
(first)	(middle)	(last)	()	-
ADDRESS				
(Street)		(city)	(zip code)	
EMAIL ADDRESS	@	Application Date:	Renewal? (Y or N)	
COLLEGE / DISTRICT			DEPARTMENT	

Select either payment by check or payroll deduction.

NOTE: Districts with CPFA payroll deduction are: Butte, Cabrillo, Foothill-DeAnza, Grossmont-Cuyamaca, Mira Costa, Riverside, Santa Monica, Shasta, Solano, Southwestern and West Kern.

Contact CPFA for help setting up payroll deduction at your college

PAYMENT BY CHECK: Please make check payable to "CPFA"

- Annual Regular Membership \$30.00 \$50.00 Sustaining \$100
- Annual Student Membership \$10
- Annual Institutional Membership \$250 - \$499 Sustaining \$250

Business Organizational Status IRS 501 C (6)

With either payment option, mail the entire application to:

CPFA Membership,
2118 Wilshire Boulevard, PMB 392,
Santa Monica, CA 90403

Visit our website at www.cdfa.org Questions? Contact Suzanne Crawford at: suzancraw4rd@yahoo.com

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 the California Part-time Faculty Association or me.

SIGNATURE (for payroll deduction)	SOCIAL SECURITY No.
_____	_____ - _____ - _____

- Regular Membership \$3.00 per Month \$5.00 per Month
- Sustaining Membership \$10.00 per Month (Please check one)