

Santa Monica College Faculty Association

Membership Enrollment

Return to SMC Faculty Association

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Campus Extension _____

Email _____

Department _____

I am Full-time Faculty - .58% of salary

I am Part-time Faculty - .58% of salary

I am Emeritus Faculty - .3% of salary

I am a faculty member at Santa Monica College and hereby enroll as a member of the Santa Monica College Faculty Association.

Signature _____ Date _____