

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	Renewal? Y N	Application Date: / /	
COLLEGE / DISTRICT	DEPARTMENT		

Select either **OPTION ONE (Payroll deduction)** or **OPTION TWO (Payment by check)**

NOTE--Districts with CPFA payroll deduction are:

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

Contact CPFA or your college's payroll department to set up payroll deduction.

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

- Please check one: **Regular Memberships \$4.00 per Month (10 Months)**
 Sustaining Membership \$10.00 per Month (10 Months)

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

- Please check one: **Annual Membership** **Regular \$40** **Sustaining \$100**
 Annual Institutional Membership **Institutional \$500**

Business Organizational Status IRS 501 (c) (6)

 Visit our website at www.cdfa.org **Questions?** Contact Director of Membership at membership@cpfa.org

With either payment option, mail the entire application to:

**CPFA Membership
 PO Box 1836
 Sacramento, CA 95812**