

CPFA

California Part-time Faculty Association

MEMBERSHIP APPLICATION OR RENEWAL PLEASE PRINT LEGIBLY

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

Select either payment by check or payroll deduction.

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

Contact your college's payroll department to set up payroll deduction

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

- Annual Regular Membership Low income \$30.00 Regular \$50.00 Sustaining \$100
 Annual Student Membership \$10
 Annual Institutional Membership \$250 - \$499 Sustaining \$500

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 Chris Coyle at sharks19@hughes.net

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)