

UNIVERSITY OF GUAM FACULTY UNION
AMERICAN FEDERATION OF TEACHERS
LOCAL 6282

NAME: _____
[Please print]

EFFECTIVE DATE: _____

I am a full-time Faculty member at the University of Guam and I wish to join the UOG Faculty Union. I understand the dues are \$400 per year and I may not resign for one year from this date.

[Please check one of the following three pay options]

Here is my check for \$400.

I am on 18 pay periods; please deduct \$22.22 each pay period for my dues.

I am on 26 pay periods; please deduct \$15.38 each pay period for my dues.

If I checked either of the “deduct” options, I hereby authorize UOG to deduct the proper amount from my paycheck and transmit that amount to the UOG Faculty Union.

SIGNATURE OF FACULTY MEMBER

DATE

SIGNATURE OF UOG FACULTY UNION PRESIDENT

DATE