



**OPTIONS FOR SUBMITTING THIS FORM:**

1. Mail to: UAFP, 139 Fulton St. – Rm. 708, New York, NY 10038
2. Complete PDF form fields, save and e-mail to: [info@uafp.net](mailto:info@uafp.net)
3. Print, complete form, scan and e-mail to: [info@uafp.net](mailto:info@uafp.net)

I hereby enroll as a member of Union of Adjunct Faculty at Pace (UAFP). I understand that my membership will become effective on the first day of the month indicated on the signed enrollment form, is continuous, and carries over automatically from year to year. I hereby agree to pay all applicable Union dues in a timely manner and to abide by the local's Constitution.

Union dues are not deductible as charitable contributions for federal income tax purposes. Dues paid, however, may qualify as business expenses, and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.

I understand that the benefits of membership include the right to run for and hold Union office, the right to participate in Union governance, the right to vote in Union elections and attend Union meetings, the right to have input regarding collective bargaining proposals, and the right to vote on the ratification of the collective bargaining agreements.

(PLEASE PRINT CLEARLY)

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

NON-Pace email \_\_\_\_\_

Appointment Date \_\_\_\_\_ Dept \_\_\_\_\_ Campus \_\_\_\_\_

Adj. Faculty Rank \_\_\_\_\_ Semesters usually taught: FA SP SUM  
(Circle all that apply)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I'D LIKE TO JOIN A COMMITTEE:**

Membership \_\_\_\_\_

Public Relations \_\_\_\_\_

Legislation \_\_\_\_\_

Grievance \_\_\_\_\_

Negotiations \_\_\_\_\_

**I WOULD LIKE TO BE A:**

Dept Contact \_\_\_\_\_

Campus Contact \_\_\_\_\_

**More Info: [www.uafp.net](http://www.uafp.net)**