

## College of the Redwoods Faculty Organization Membership

I hereby authorize Business Services of College of the Redwoods to withhold:  
(Check one box or circle appropriate selection)

- Full-time faculty: 1.11% of annual salary monthly over all twelve checks for the year
- Associate faculty: 0.53% of each semester's contract spread over all paychecks for the semester

To be paid as dues to the College of the Redwoods Faculty Organization.

If you do not opt into membership, then you will be assessed an agency fee of 0.74% for Full-time faculty and 0.353% for Associate faculty.

Please include the following information:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Return this form to the Human Resources Department at the Eureka Campus.*