



(916) 447-8555

FACULTY & ASSOCIATE DUES

FULL-TIME \$18/Mo.

ASSOCIATE \$18/Mo.

PART-TIME \$5/Mo.

10 monthly deductions

ENROLLMENT CARD

Please return completed card to:  
FACCC, 1823 11th St, Sacramento, CA 95811

Sponsor

Name (First)	(Middle)	(Last)
Home Address	City, State	Zip
Home Phone	E-mail	
College	Department	Work Phone
Signature		Social Security No.

Note: Your FACCC membership dues may be tax deductible. Please consult your financial advisor.

I do not want 10% to go to FACCC's PAC (Dues amount remains the same).

PAYROLL DEDUCTION AUTHORIZATION

To Community College District: \_\_\_\_\_

You are hereby authorized to deduct from each of my regular salary warrants the amount indicated for professional organization dues and transmit these deductions to the Faculty Association of California Community Colleges, Inc., without further liability to the above named district. This authorization shall remain in effect until modified or revoked in writing by me or the Faculty Association of California Community Colleges, Inc. or transferred to CalSTRS.