

Faculty Association of
California Community Colleges
MEMBERSHIP



Please enroll me as a member of FACCC:

Full Name (First, Middle, Last):

Address:

City, State:

Zip Code:

E-Mail Address:

Mobile Phone Number:

Distict:

College:

Discipline:

Employee Number:

Date Of Birth:

 / /

Membership Type:

- Full-Time Faculty \$25/mo (\$250.00 per year) Part-Time Faculty \$7/mo (\$70.00 per year) Associate (Non-Faculty) \$21/mo (\$210.00 per year) Retired \$4/mo (\$48.00 per year)

Note: Part of your dues may be tax deductible. Please consult a tax professional.

Method of Payment:

- Payroll Deduction CalSTRS Deduction (Retired Members Only) Credit / Debit (Please see second page for credit card authorization form.)

How did you hear about us? (If there is a member who encouraged you to join FACCC, let us know so we can thank them!)

Signature: _____

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 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.

\$17.50/mo (12-pay)

\$25.00/mo (10-pay)

\$7.00/mo (part-time)

Once completed, please email this form to info@faccc.org.

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Credit Card Authorization:

Card Holder Name (as shown on card):

Billing Address:

City, State:

Zip Code:

Card Number:

Expiration Date (mm/yy):

 /

CVV:

Card Type:

Mastercard

Visa

American Express

Discover

Bill me annually

Bill me monthly

Signature: _____