

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.

Please include the following information:

Name _____

Address _____

Current email: _____

Signature: _____

Date: _____

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