



Raza Faculty and Staff Association San Francisco State University Membership Form

INSTRUCTIONS: Please complete this Membership Form below and your completed Payroll Deduction Authorization Form or a check for your membership dues payment.

First Name	Middle Initial	Last Name
Work Title	Department	College/Division
Email	Office Phone	Cell Phone (optional)
Office Address		
Home Address (Street, City, State ZIP)		

I will pay my membership dues with:

- An automatic payroll deduction of \$5 per month (\$60 annually)
- A check made payable to "SFSU Raza Faculty & Staff Association" in the amount of \$60

My preference for the Raza Faculty and Staff Association Directory is:

- List my contact information (except for cell phone and home address)
- Do not list my contact information

I would like to be involved in these activities with the RFSA:

I bring these skills or expertise to the RFSA:

Signature _____

Date _____

rfsa@sfsu.edu | rfsa.sfsu.edu

Employee Authorization Form

PAYROLL DEDUCTION AUTHORIZATION

DED/ORG CODE LAST NAME FIRST M.I. SOCIAL SECURITY NO.

ORGANIZATION NAME

I HEREBY AUTHORIZE THE STATE CONTROLLER TO DEDUCT FROM MY SALARIES AND WAGES THE AMOUNT SPECIFIED NOW OR IN THE FUTURE FOR MEMBERSHIP DUES AND ANY BENEFIT PROGRAM FOR WHICH I HAVE APPLIED, WHICH IS SPONSORED BY THE ABOVE NAMED ORGANIZATION.

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL CANCELLED BY ME OR BY THE ABOVE NAMED ORGANIZATION.

I CERTIFY I AM A MEMBER OF THE ABOVE NAMED ORGANIZATION AND UNDERSTAND THAT TERMINATION OF MEMBERSHIP WILL CANCEL ALL DEDUCTIONS MADE UNDER THIS AUTHORIZATION.

SIGNED: _____ DATE: _____

NOTE: Deduction clients using their own employee authorization form are required to conform to the above sample.