



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