

itemized deductions.

ACTIVE MEMBERSHIP APPLICATION

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http://www.calfac.org/membership
or you can scan & email, postal mail, or fax this form

Last Name (please print	<u>-</u>)			
First Name Middle Name				
Last Four Digits of Soci	al Security Number XXX-XX			
CSU Campus	Departmen	t		
Home Mailing Address				
City	State	Zip		
Email Addresses			For Official Use	
(home)			Date received	
			Date entered	
			HD # & initials6	 .2019
Phone Numbers				
(mobile)	(home)	(work)		
(SEIU) at no additional cos available upon request. Please enroll me as a men and transmit, as designate	CFA members will receive membershet. Membership in the American Assonber of CFA. I hereby authorize the Sed, an amount for CFA membership cored by CFA. The authorization wil	ociation of University P State Controller to ded Jues and any benefit pr	rofessors (AAUP) may be uct from my pay warrant rogram for which I have	
Signature		Date		
and/or CFA Political Issue payments and contributio	.35% of gross CSU salary. Minimum ss Committee contributions are \$5/\$ ns to CFA-PAC and/or CFA Political or federal income tax purposes. Due	10 per month, depend Issues Committee are	ing on income. Dues not deductible as	