



UNITED ADJUNCT FACULTY OF NEW JERSEY  
HUDSON COUNTY COMMUNITY COLLEGE  
American Federation of Teachers Local 2222 (AFL-CIO)

MEMBERSHIP APPLICATION/AUTOMATIC PAYROLL DEDUCTION AUTHORIZATION

I hereby apply for membership in the Hudson County Community College chapter of United Adjunct Faculty of New Jersey (UAFNJ), American Federation of Teachers Local# 2222, NJSFT, AFL-CIO and for all the membership rights, benefits, and services provided by the organization. With this application, I also authorize the chapter to act in my behalf in fulfilling its organizational mission, as duly established through the democratic processes of the Union

Concurrently, I also authorize Hudson County Community College to deduct my dues from my earnings each pay period the amount certified by the chapter for the current semester and for succeeding semesters, and to send said monies to the chapter. I understand that the College will discontinue deductions only if I file a notice of withdrawal as of January 1 or July 1 next succeeding the date on which notice of withdrawal is filed. I hereby waive all rights and claim for said monies so deducted and transmitted in accordance with this authorization and relieve the College and all its officers of any liability therefore. I understand that Union dues may not be deductible for federal income tax purposes; however, under limited circumstances, dues may qualify as a business expense.

Please mail ORIGINAL to: UAFNJ, HCCC Chapter, P.o. Box 6711, Jersey City, NJ 07306

NAME (PLEASE PRINT) \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

HOME EMAIL ADDRESS (PLEASE PRINT) \_\_\_\_\_

COLLEGE ID # \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Union Data Form:

Name:

Address:

Phone Number:

Home E-Mail