



# Membership Application

Nevada Faculty Alliance

NFA is the independent association of faculty in Nevada since 1983, affiliated with the American Association of University Professors ("AAUP") and the American Federation of Teachers ("AFT"). We work to empower faculty to be fully engaged in our mission to help students succeed. We advocate for academic freedom and faculty employee rights.

For further information: <http://www.nevadafacultyalliance.org/>

NOTE: This application form is for NSHE professional employees at 0.5 FTE or higher.

## Applicant Information

**Name:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Mobile/Personal Phone Number:** \_\_\_\_\_

\*By providing my cellular phone, I understand that NFA, AAUP and the AFT may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. NFA, AAUP and AFT will never charge for text message alerts. Carrier message and data rules may apply to such calls or messages.

**Work Phone Number (optional):** \_\_\_\_\_

**Personal Email:** \_\_\_\_\_

\*For NFA website login and emails. Shared only with AAUP and AFT.

**Work Email:** \_\_\_\_\_

**Residential/Street Address:** Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mailing Address:** Mailing Address 1: \_\_\_\_\_

If different from street address. Mailing Address 2: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_



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### Dues

Dues are calculated as 0.5% of your annual base salary and divide by 12 for monthly payroll deductions.

### Optional Monthly Additions

#### NFA Political Action Committee Contribution

(Voluntary monthly contribution to the NFA-PAC fund for political engagement including campaign contributions. Not tax deductible.)

- \$0                                       \$5                                       \$10  
 \$15                                       \$20                                       \$25  
 Other \_\_\_\_\_

#### Eligibility Certification

- I certify that I am a U.S. citizen or legal permanent resident

#### Additional Monthly Contribution

- \$0                                       \$5                                       \$10  
 \$15                                       \$20                                       \$25  
 Other \_\_\_\_\_

### Enrollment

Yes – I want to join my fellow employees and become a member of the Nevada Faculty Alliance, the American Association of University Professors, and the American Federation of Teachers.

- I hereby authorize the Nevada Faculty Alliance to represent me for the purpose of collective bargaining with \_\_\_\_\_  
(Institution)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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### Payroll Deduction Authorization

I hereby authorize the Nevada System of Higher Education to deduct from my salary and to pay the Nevada Faculty Alliance the agreed monthly payroll deduction as NFA professional dues for the current membership year and each year thereafter. I fully understand that the annual dues, fees, and assessments required in the three associations are subject to periodic change by the governing bodies of the association and authorize NSHE to deduct any modified monthly dues, fees, and assessments established by the governing bodies of the three associations, unless my obligation to do so ends under one of the circumstances set forth here. This authorization supersedes any previous payroll deduction for NFA. This authorization continues from year to year, regardless of my membership status, unless altered by a new payroll deduction or I (a) revoke this authorization in a signed writing sent to my campus payroll office and by sending e-mail notice to the NFA at [admin@nevadafacultyalliance.org](mailto:admin@nevadafacultyalliance.org) between July 1-15, of the membership year immediately preceding the membership for which the authorization is to be revoked, or (b) my employment with NSHE ends.

**Name (print):** \_\_\_\_\_

**NSHE Employee ID Number:** \_\_\_\_\_

Please use the 9-digit employee number from your profile in [Workday](#). You may also find your Employee ID number on your pay slip,

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_