

**Riverside Faculty Association
Membership Application for
Non-Senate and Emeritii Faculty**



I wish to join the UCR Faculty Association. I agree to pay the following dues (check one)

Dues _____ :

- _____ \$12.00 / Quarter for Non Senate Faculty
- _____ \$45.00 / Year for Non Senate Faculty

- _____ \$12.00 / Quarter for Emeritii Faculty
- _____ \$45.00 / Year for Emeritii Faculty

I enclose a check made out to: Riverside Faculty Association

Last Name	First	Middle Initial
Dept. Employed at UC		Title at UC
Phone Number		Email
Home Address		

Employee Signature	Date
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Please send the completed form with a check made out to:

**Riverside Faculty Association
P.O. Box 51578
Riverside, CA 92507**