

CONGRESS OF CONNECTICUT COMMUNITY COLLEGES
MEMBERSHIP FORM

I wish to be a member of the Congress of Connecticut Community Colleges. Effective immediately, I hereby request and authorize you to deduct from my earnings each payroll period a sufficient amount to provide for regular payment of the current rate of Congress dues as certified by the union. This amount shall be paid to comptroller of the Congress of Connecticut Community Colleges and represents payment of my union dues. This dues payment may be terminated by providing 30 days' written notice in advance to the Congress with copy of such notice to the business office at my college.

Please print clearly

Name _____ College _____

Street _____ Faculty: Full time Adjunct

Town _____ State _____ Zip _____ Professional staff: Full time Part time

Phone (home) _____ Work E-mail _____

Phone (work) _____

Phone (mobile) _____ Home E-mail _____

Signature _____

Return to: The 4C's, 907 Wethersfield Avenue, 2nd floor, Hartford, CT 06114