

Association of Florida Colleges



Individual Membership Application

PLEASE TYPE OR PRINT CLEARLY:

Prefix _____ Name _____ Date _____
(Dr./Mr./Ms./Mrs.)

College _____ Campus _____

Position _____ Department _____

Office Phone (_____) _____ E-MAIL (required) _____

Home Address _____
(Street) (City/State) (Zip)

Membership: AFC membership is valid from July 1 - June 30 of each year. Members who enroll after July 31 will receive the pro-rated dues rate until June 30 of the following year.

Individual	any Florida Community or State College or Division of Florida Colleges (DFC) employee
Retiree	any person who has retired from a Florida Community or State College or from the DFC
Part Time	any person who is employed by a Florida Community or State College as a part-time employee
Adjunct	any person who is employed by a Florida Community or State College as an adjunct employee
Life	individual members only (special dues ten times regular dues)
Life Retiree	retiree members only (special dues five time regular retiree dues)

Category: New AFC Member Returning AFC Member

Classification: Faculty Career Employee Administrator Professional College President
Adjunct Part-time Retiree Other

Commissions: Primary Commission (job related): _____

Administration	Facilities	Workforce, Adult and Continuing Education
Campus Safety (Provisional)	Faculty	Student Development
Career and Professional Employees	Healthcare Education	Technology
Communications & Marketing	Institutional Effectiveness, Planning and	Trustees
Equity, Diversity and Inclusion	Professional Development	
	Learning Resources	

Annual Dues: Individual Dues are determined by your ANNUAL base contracted salary. (Please check one.)

\$35 (<\$30,000)	\$45 (>\$30,000 but <\$75,000)	\$55 (>\$75,000 <\$100,000)	\$70 (>\$100,000 and up)
\$275 (College President)	\$10 (Adjunct)	\$10 (Part-Time)	\$10 (Retiree)
			\$50 (Life Retiree) _____ (Life)

If you are paying dues by payroll deduction, please complete the payroll deduction authorization.

I authorize the Payroll Department of _____ College to deduct the current **(and subsequent)** approved rate of AFC dues as set forth by the Assembly of Delegates of the Association of Florida Colleges from my salary until further notice in accordance with the college's payroll deduction plan.

Signature

Printed Name

Employee ID No.

I understand that my membership is continuous on a year-to-year basis until cancelled by me in writing.

FOR COLLEGE USE ONLY

\$ _____	Month _____ Day _____ Year _____	\$ _____
Total Amount Per Year	Starting Date	Amount Per Pay Period

Please return this form with cash or payroll authorization to your campus membership chair, _____, or to AFC, 1725 Mahan Drive, Tallahassee, FL 32308, 850-222-3222.

DEDUCTIBILITY OF DUES: Payment of dues or gifts to the Association of Florida Colleges (AFC) are not deductible as charitable contributions for federal income tax purposes. However, dues payments for some individuals who meet the threshold to qualify for the deduction of business expenses may be able to deduct a portion of their AFC dues as an ordinary and necessary business expense subject to restrictions imposed as a result of lobbying activities. The Association of Florida Colleges estimates that the non-deductible portion of an individual's dues allocable to lobbying is seventy-two (72) percent. Please consult your tax advisor or accountant if you have any questions regarding the deductibility of your individual AFC dues.

Updated 01/17/18