



## RESIDENTIAL FACULTY MEMBERSHIP APPLICATION 2020-2021

**Current ACH Direct Debit and PayPal members do not need to complete this form.**

Below, check your preferred dues payment method (*select only one*) – Annual Membership Dues (*before discounts*) are **\$325**

Available Payment Method	Annual (1 payment)	4-Pay (4 payments)	Monthly (12 payments)	Newly Hired Residential Faculty  <input type="checkbox"/> I am a new Residential Faculty hired in 2020  Receive an additional, one-time \$50 discount / refund.  Email <b>membership</b> questions to <a href="mailto:membership@mccfa.org">membership@mccfa.org</a> or <b>payment</b> questions to <a href="mailto:finance@mccfa.org">finance@mccfa.org</a>	Political Action Committee  <input type="checkbox"/> I support the Association Political Action Committee (PAC) with a \$_____/month contribution in addition to my Association membership dues. (Payment using ACH Direct Debit, please complete reverse side of this form).  To impact governing board elections, FAC PAC must reach Mega PAC status.  Mega PAC = minimum 500 members donating minimum of \$10
	One Payment	Recurring Payments in Oct, Dec, Feb, Apr \$325 total	Recurring Monthly payments \$325 total		
<b>ACH direct debit</b> <i>(auto-renews membership each year) (please complete ACH agreement on reverse side)</i>	<input type="checkbox"/> \$315 if paid	<input type="checkbox"/> \$81.25	<input type="checkbox"/> \$27.08		
<b>Personal check</b> <i>(payable to: MCCCC Faculty Association)</i>	<input type="checkbox"/> \$315 if paid	N/A	N/A		
<b>Online Bill Pay</b> <i>(setup with your bank)</i>	<input type="checkbox"/> \$315 <i>(\$10 refund to your card)</i>	N/A	N/A		
<b>Debit / Credit Card</b> <a href="https://mccfa.org/become-a-member">https://mccfa.org/become-a-member</a>	<input type="checkbox"/> \$315 <i>(\$10 refund to your card)</i>	N/A	N/A		

By signing this voluntary acknowledgement, I agree to abide by the professional code of conduct established by the Maricopa Community Colleges Faculty Association. I also acknowledge that Faculty Association membership is paid annually (July 1 – June 30) and that if I choose to pay in installments as a convenience I agree to pay the full amount of \$325\* (\*Residential Faculty hired after the census date will receive full benefits if they pay their dues within 45 days of their hiring date). I acknowledge that no portion of my Faculty Association membership dues are refundable. Further, I understand that I may choose to cancel my membership at any time during the membership year and termination of my benefits will take effect on June 30. I also acknowledge that if I choose to pay installments but fail to make payments by the required due dates that my membership will lapse, and I will lose my member benefits.

Signature: _____	Date: _____
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**Please complete both sides of this form and mail completed applications to MCCFA at 520 E Southern Ave, Tempe AZ 85282**  
Or to join online at <https://mccfa.org/become-a-member>

For Internal Use Only	WAID: _____	WA Date entered: _____
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# CONTACT INFORMATION

<b>First &amp; Last Name:</b>	<b>Home Phone</b>
<b>Non-Maricopa email:</b>	<input type="checkbox"/> <i>(Mobile):</i> or <input type="checkbox"/> <i>(Landline):</i>
<b>Home mailing address:</b>	<b>College:</b>

Email **membership** questions to [membership@mccfa.org](mailto:membership@mccfa.org) and email **payment** questions to [finance@mccfa.org](mailto:finance@mccfa.org)

Membership is automatically renewed for members currently paying by ACH direct debit or PayPal. Automatically renewed members **do not** need to complete this form.

## AUTHORIZATION AGREEMENT FOR ACH DIRECT DEBIT

I authorize Maricopa Community Colleges Faculty Association (MCCFA) to initiate debit entries to my account indicated and the named depository financial institution named to debit the same such account for payment of my Faculty Association dues. This authorization is to remain in full force and effect until MCCFA has received written notification from me of its termination in such time and in such manner as to afford MCCFA and my financial institution a reasonable opportunity to act upon it. If an ACH debit should be returned or dishonored by my bank for any reason, MCCFA is authorized to re-attempt the payment and include reimbursement of any fees incurred.

**Please complete the form below and attach a voided check**

Name:	College:
Depository/Bank Name:	Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number:	Account Number:
Signature <i>(required)</i> :	Date:

For Internal Use Only	WAID: _____	WA Date entered: _____	ACH Date entered: _____
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