

I have received a copy of the Saginaw Valley State University/ Saginaw Valley State University Faculty Association collective bargaining agreement. I hereby authorize Saginaw Valley State University to make payroll deductions for dues (if chosen):	
(1) An amount established by the Faculty Association as dues.	
(2) I choose not to pay Faculty Association dues.	
Signature	Date
Printed Name	

COPIES TO: FACULTY ASSOCIATION PAYROLL

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