



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