



# Assignment Faculty Association

To: Okanagan College  
Payroll Office

In accordance with the terms and conditions of the Okanagan College Board and the Okanagan College Faculty Association Collective Agreement, I, \_\_\_\_\_, shall, as a condition of employment, complete and pay the amount of Association dues, initiation fees and other charges.

Until this authority is revoked by me in writing, I hereby authorize the Okanagan College Faculty Association fees and

to be deducted from my salary weekly for \_\_\_\_\_.  
The amount of Association dues levied according to the Okanagan College Faculty Association Collective Agreement shall be as set forth in the Okanagan College Board.

Okanagan College  
Faculty

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Legal Name

\_\_\_\_\_  
Employee ID #