

Long Beach Community College – Faculty Association (LBCC-FA)  
**LBCC FA-PAC OPT OUT/ADJUSTMENT FORM**

Name \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Department \_\_\_\_\_

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**Please check all that apply:**

I **opt out** and choose **not** to contribute to the LBCC-FA PAC account. \_\_\_\_\_

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I **opt out** of the \$10 LBCC FA PAC contribution but would like to contribute \$\_\_\_\_/month during the 10-month academic calendar to the LBCC FA PAC. I authorize the District to deduct this amount from my paycheck and direct this contribution to LBCC FA PAC. \_\_\_\_\_

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A \$10 LBCC FA PAC contribution amount is currently deducted from my salary. I agree to additionally contribute \$\_\_\_\_/month for a total of \$ \_\_\_\_/month during the 10-month academic calendar to the LBCC FA PAC. I authorize the District to deduct this additional amount from my paycheck and direct this contribution to LBCC FA PAC. \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

When completed, this form should be forwarded to:

LBCC-FA Membership/PAC, 4421 E. Village Road, Long Beach, CA 90808

OR on campus to MAIL CODE 03