



ALLOCATION OBJECTION FORM

This is to formally advise the University of Hawaii Professional Assembly that I object to having \$5.00 per month from my statutory dues allocated to the UHPA Political Action Fund for the 2018 – 2019 fiscal year. I understand that this allocation objection form must be completed each year during the objection period and that I will not be allowed to vote on the recommended UHPA Hawaii state candidate endorsements for that period.

Print Name: _____ Campus: _____

Signature: _____ Date: _____

*This objection form should either be mailed to the University of Hawaii Professional Assembly at 1017 Palm Drive, Honolulu, Hawaii 96814, faxed to UHPA at (808)593-2160 or emailed to feedback@uhpa.org. **The form must be received in the UHPA office by October 1, 2018.***

UNIVERSITY OF HAWAII
PROFESSIONAL ASSEMBLY

1017 Palm Drive • Honolulu, Hawaii 96814-1928
Telephone: (808) 593-2157 • Facsimile: (808) 593-2160
Website: www.uhpa.org