

UT-AAUP MEMBERSHIP APPLICATION

APPLICANT INFORMATION (please print)

Name:

Rank:

Date of Hire:

College:

Department:

Phone:

Fax:

Rocket ID:

Email:

OFF CAMPUS MAILING ADDRESS

Street:

City:

State:

ZIP Code:

Phone: () -

Fax:

Off-Campus Email:

CURRENT STATUS

Please indicate your current status by checking one of the following:

Tenured:

Tenure Track:

Lecturer:

I, the undersigned, hereby join The University of Toledo Chapter of the American Association of University Professors (UT-AAUP) with dues deduction in amounts determined by the UT-AAUP membership. This authorization will be effective immediately, and will be made from gross earnings in all pay periods throughout the calendar year by the UT Payroll Office.

This authorization is effective until such time as I sign a written revocation of this authorization. Any written revocation must be received by UT-AAUP at the address below in order to be effective.

I understand that my joining the UT-AAUP will not result in increased dues deduction unless voted upon by the UT-AAUP membership in accordance with the UT-AAUP Constitution.

Signature:

Date:

Please send this application to:

UT-AAUP
P.O. Box 2588
Toledo, OH 43606