

AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS

KENT STATE CHAPTER

Membership Form and Dues Deduction Authorization

Membership Information

Name \_\_\_\_\_

Department and College/School or Campus \_\_\_\_\_

Office Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Telephone Number \_\_\_\_\_

Academic Rank \_\_\_\_\_

Payroll Deduction Authorization Agreement

As a member of the Kent State University faculty, I hereby authorize and request the Kent State University Payroll Department to deduct from my monthly salary the regular monthly dues as established by the American Association of University Professors, Kent State Chapter. This authorization will continue from year to year until my employment is terminated or until I submit in writing a notice of revocation to AAUP-KSU and to the Manager of the Payroll Department . Deduction is authorized to begin on the next payday following submission of this form.

This form must be returned to AAUP-KSU for processing and delivery to the Kent State University Payroll Department. Sign and send via Campus Mail to AAUP-KSU or via FAX to (330)673-2142.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

For the Association \_\_\_\_\_ Date \_\_\_\_\_