

AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS
KENT STATE CHAPTER

Member Information Update Form

Member Information

Name _____

Department and College/School or Campus _____

Office Telephone Number _____

Email Address _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone Number _____

Academic Rank _____

This form must be returned to AAUP-KSU for processing. Please sign and send via Campus Mail to AAUP-KSU, via FAX to (330)673-2142 or scan and send via email.

Member's Signature _____ Date _____