

AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS

KENT STATE CHAPTER

Membership Form and Dues Deduction Authorization

Membership Information

Name _____

KSU ID# (if known): _____

Department and College/School or Campus _____

Office Telephone Number _____

Email Address _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone Number _____

Academic Rank _____

Check one: _____ Full-time Non-Tenure Track _____ Tenured or Tenure Track

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 _____