
Please join! We urge you to become a voting member of the AAUP. WE NEED YOUR SUPPORT!

If you are paying \$22.10 per pay period, you are paying a representation fee, not AAUP dues. AAUP dues are \$26.00 per pay period (only \$3.90 more per pay period for full membership) for 26 pay periods per year.

Dues include local, state and national AAUP membership fees. Members can vote in chapter elections and on contract ratification. Members also learn about **AAUP member benefits** through *Academe*, the AAUP's national magazine.

Once you join, the AAUP will send you a gift to express our appreciation to you for becoming a member.

To join the AAUP, just fill out this authorization form and return it to us at the address below.

UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY
AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS (AAUP)
PAYROLL DEDUCTION AUTHORIZATION

Please print clearly:

NAME _____
(last) (first) (middle)

HOME ADDRESS _____
(street) (city) (state) (zip)

OFFICE PHONE _____ HOME PHONE _____

ACADEMIC RANK _____ DEGREE _____

SCHOOL _____ DEPARTMENT _____

CAMPUS ADDRESS _____
(building) (city)

PERCENTAGE OF FULL TIME EMPLOYED BY UMDNJ _____ SEX: M F

UMDNJ I.D. NUMBER _____ DATE HIRED _____

EMAIL ADDRESS _____ BIRTH DATE _____

(All of the above information will remain in the strictest confidence unless we are otherwise instructed by you.)

I hereby authorize my AAUP Chapter to have deducted from my earnings twenty-six dollars (\$26.00) dues per pay period, which includes national, state and local AAUP membership dues.

This authorization shall remain in effect unless terminated by me upon written notice of withdrawal or by termination of my employment. The filing of notice of withdrawal shall be effective to halt deductions as of the July 1st or January 1st next succeeding the date on which the notice of withdrawal was filed.

While contributions or gifts to the UMDNJ Council of AAUP Chapters are not tax deductible as charitable contributions for Federal income tax purposes, they may be tax deductible under other provisions of the Internal Revenue Code.

SIGNED _____ DATE _____

PLEASE RETURN TO:

American Association of University Professors
Council of Chapters, UMDNJ
30 Bergen Street
ADMC Bldg. 14, Rm. 1426
Newark, NJ 07103
council@aaupumdnj.org
973.972.0776 (fax)
