

FHSU-AAUP Application for Associate Membership

Associate members are full-time FHSU employees who hold administrative academic appointments. These can include, but are not limited to, academic department chairs, academic deans, the provost, assistant provost, etc.. Associate members, because of their supervisory roles over other faculty, are not members of the FHSU-AAUP collective bargaining unit and, therefore, cannot vote on contract matters. However, dues-paying associate members ARE members of the FHSU-AAUP chapter and may participate in all chapter activities. Dues paid to FHSU-AAUP include national, state and local dues. Please check the appropriate space below.

Associate Level

Nonvoting administrators

_____ \$12 per pay period through payroll deduction (sign form below) **OR**
_____ \$29 per month through bank debit (sign form on reverse side)

To pay dues through payroll deduction, please fill in the information requested on the form below, sign and date. To pay dues using bank debit, please use form on reverse side.

Please print name below:

First _____ Middle Initial _____ Last _____

Last 4 digits of Social Security No. _____ Dept. _____

Effective Date: Immediately

Authorization for Payroll Deduction of Employee Organization (FHSU-AAUP):

I hereby authorize the Director of Accounts and Reports to take regular payroll deductions from my earnings for the amount certified by the above employee organization (FHSU-AAUP) for membership dues. This authorization-assignment shall remain effective for not less than 180 days and shall be terminated at any time thereafter upon 30 days written notice by me of termination of the authorization assignment.

Signature _____ Date: _____

Please return this completed form to the FHSU-AAUP treasurer, Dr. Charles Gnizak, Dept. of Economics, Finance and Accounting, McCartney 209C (Ext. 4328)

Membership in AAUP includes a free subscription to the organization's monthly magazine, *Academe*. Please list the address below where you would like the magazine sent.

(Street)

(City, State, Zip code)

FHSU-AAUP Membership Authorization Agreement for Direct Payment from Bank Account (ACH Bank Debits)

Please Print:

Name _____ Dept. _____

I hereby authorize FHSU-AAUP to debit **\$29 per month** from my bank account (indicated below) for my membership dues. Astra Bank of Hays, Kansas, will debit this amount and place it into the FHSU-AAUP account monthly. I understand that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

I have attached a deposit slip so the routing/transit number of my bank and my account number can be identified.

Signature

Date

Please return this completed form to the FHSU-AAUP treasurer, Dr. Charles Gnizak Dept. of Economics, Finance and Accounting, McCartney 209C (Ext. 4328).

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