

# FHSU-AAUP Application for Membership

Active Membership. Only members of the collective bargaining unit may be active members of FHSU-AAUP. The collective bargaining unit includes (a) full-time tenured faculty, (b) full-time tenure-track faculty, and (c) full-time non-tenure track faculty (NTT). Only dues-paying members may vote for chapter officers and in MOA ratification elections. Dues paid to FHSU-AAUP include national, state and local dues. Please check the appropriate space below.

**In keeping with AAUP National policies, entrant level faculty will be switched to the tenured level dues rate either after four years of service at FHSU, or the awarding of tenure, whichever comes first.**

(a) Tenured Level

Full-time tenured faculty and others with more than 4 years of membership \_\_\_\_\_ \$14 per pay period through payroll deduction (sign form below) **OR**  
\_\_\_\_\_ \$29 per month through bank debit (sign form on reverse side)

(b) Entrant Level

1. Full-time tenure-track faculty—up to 4 years of membership.  
\_\_\_\_\_ \$9 per pay period through payroll deduction (sign form below) **OR**  
\_\_\_\_\_ \$19 per month through bank debit (sign form on reverse side)

2. Full-time non-tenure track faculty (NTT)—up to 4 years of membership.  
\_\_\_\_\_ \$9 per pay period through payroll deduction (sign form below) **OR**  
\_\_\_\_\_ \$19 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). All AAUP members receive a free subscription to the organization's monthly magazine, Academe. On the back side, please give the address where you want the magazine sent. Thank you!**

**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 entries 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.

The amount to be debited monthly is: (please check the appropriate space).

\_\_\_\_\_ Tenure-track and Non Tenure-Track (NTT) members, up to four years of service, \$19 per month.

\_\_\_\_\_ Tenured faculty and other faculty with more than four years of service, \$29 per month.

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).**

**All AAUP members** receive a free subscription to the organization's monthly magazine, Academe. Please list below the address where you want the magazine sent.

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City, state, zip code)