

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)

To pay dues through payroll deduction, please fill in the information requested below, sign and date.

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*. Please provide a home address for the magazine and for AAUP National balloting;

(Street)

(City, State, Zip code)

Do not write below this line unless you want to work with your bank to set up an automatic monthly payment of dues

Please Print:

Name _____ Dept. _____

The amount to be paid monthly is **\$29 per month** from your bank account.

If you choose this method, contact the AAUP treasurer, Dr. Charles Gnizak, for the routing/transit number of the AAUP's bank and account number.

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).