

# UT-AAUP MEMBERSHIP APPLICATION

## APPLICANT INFORMATION (please print)

Name:

Rank:

Date of Hire:

College:

Department:

Phone:

Fax:

Rocket ID:

Email:

## OFF CAMPUS MAILING ADDRESS

Street:

City:

State:

ZIP Code:

Phone: (    )       -

Fax:

Off-Campus Email:

## CURRENT STATUS

**Please indicate your current status by checking one of the following:**

Tenured:

Tenure Track:

Lecturer:

**I, the undersigned, hereby join The University of Toledo Chapter of the American Association of University Professors (UT-AAUP) with dues deduction in amounts determined by the UT-AAUP membership. This authorization will be effective immediately, and will be made from gross earnings in all pay periods throughout the calendar year by the UT Payroll Office.**

**This authorization is effective until such time as I sign a written revocation of this authorization. Any written revocation must be received by UT-AAUP at the address below in order to be effective.**

**I understand that my joining the UT-AAUP will not result in increased dues deduction unless voted upon by the UT-AAUP membership in accordance with the UT-AAUP Constitution.**

Signature:

Date:

**Please send this application to:**

UT-AAUP  
P.O. Box 2588  
Toledo, OH 43606