

**UT-AAUP** University of Toledo Chapter American Association of University Professors

UT-AAUP MEMBERSHIP APPLICATION (Please print.)

Name:		Rank:	Date of Hire:
College:		Department:	
Office:	Phone:	Fax:	
Rocket ID:		e-mail:	

HOME/MAILING ADDRESS:

Street:		
City:	State:	Zip:
Phone: ( ) -	Phone: ( ) -	
Fax: ( ) -	Home e-mail:	

Please indicate your current status by checking from the following list.

Tenured	<input type="checkbox"/>	Administrator or Chair	<input type="checkbox"/>
Tenure Track	<input type="checkbox"/>	Other	<input type="checkbox"/>
Lecturer	<input type="checkbox"/>		<input type="checkbox"/>

I, undersigned, hereby join the University of Toledo Chapter of the American Association of University Professors (UT-AAUP) with dues deduction in amounts as determined by the UT-AAUP. 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. I understand that my joining the UT-AAUP will not result in increased deduction unless voted upon by the UT-AAUP membership in accordance with the UT-AAUP Constitution.

Signature:	Date:
<p><b>Please send this application to</b> The University of Toledo Chapter of the American Association of University Professors (UT-AAUP) – 2801 W. Bancroft St. UH 5150 A-C; Toledo, Ohio 43606</p>	

The University of Toledo Chapter of the American Association of University Professors (UT-AAUP) – 2801 W. Bancroft St. UH 5150 A-C; Toledo, Ohio 43606 Phone: 419-530-7270; Fax: 419-530-7271