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MEMBERSHIP APPLICATION AND AUTHORIZATION OF DEDUCTION OF DUES AND FEES

Membership Application. Check here: I hereby tender my application for membership in the American Association of University Professors – the University of Akron Chapter ("Akron-AAUP"). I understand that membership is voluntary. I agree to comply with the Akron-AAUP's Constitution. I authorize the Akron-AAUP to act as my representative for collective bargaining.

Deduction Authorization. Check here: I hereby assign to the Akron-AAUP an amount equal to membership dues and fees as certified by the Akron-AAUP and authorize the University of Akron (the "University") to deduct such amount from my pay and to remit same to the Akron-AAUP while this authorization is in effect. This assignment and authorization is voluntary and shall remain in effect until I am no longer employed in the bargaining unit represented by the Akron-AAUP or until I revoke it by sending a signed, written notice to the Akron-AAUP.

_____/____/____
 Signature of Employee Date Signed Printed Name

 Department +ZIP Employee ID

 University Email Address Campus Phone

 Non-University Email Address

Thank you for supporting your faculty union!

Return this form to:

Dr. Russell K Davis III, Executive Director via these options:

- UA Campus Mail: Akron AAUP, ASB 101A, +4734
- USPS Mail: Akron AAUP, 185 E. Mill Street, Akron, OH 44325-4734