

PAYROLL DEDUCTION AUTHORIZATION

***FURMAN CHAPTER OF THE AMERICAN ASSOCIATION OF
UNIVERSITY PROFESSORS***

I, the undersigned, authorize the regular deduction from my salary of national AAUP dues in amounts as authorized by the Furman Chapter of the AAUP.

This authorization shall be effective immediately, and will continue in force until I, the undersigned, make it known in writing to the payroll office that I no longer wish to have my dues deducted from my salary. Said deductions will be on a monthly basis and submitted to the national office of the AAUP by the payroll office. The amount of the national dues and the payroll deduction is subject to change on an annual basis.

NAME: _____

MAILING ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ TENURE? Y N

DEPARTMENT: _____

MEMBERSHIP (category) _____

SIGNATURE: _____

DATE: _____

Membership categories

Full-time Teacher/researcher or similar academic appointment at an accredited college or university (or transferred to this category after 4 years in the Entrant category)

Entrant Available to non-tenured faculty, new to AAUP, for first 4 years of AAUP membership

Part-time Faculty receiving no more than 50% of the salary of a full-time faculty member

Joint Second member in the same household

Associate Faculty with primarily administrative duties

Retired Faculty who no longer have an appointment, or who have emeritus status, at an accredited college or university