



AAUP-WSU Membership Form

I, the undersigned, wish to join the Wright State University Chapter of the AAUP as a regular chapter member with voting privileges, and I authorize membership dues* to be deducted from my paychecks accordingly.

Name (please print): _____

Signature: _____

UID number: _____

Department: _____

Date: _____

* Current Annual AAUP-WSU Dues for Bargaining Unit Faculty:



Please indicate your category with a checkmark in the appropriate box:

9 - month (academic year) contract — 0.700% of Annual Base Salary

12 - month (fiscal year) contract — 0.573% of Annual Base Salary

Excepting some faculty with administrative positions or appointments in matrix departments (School of Medicine — College of Science and Mathematics), almost all Bargaining Unit faculty have 9-month (academic year) contracts.

Please send by campus mail or U.S. mail, or deliver this form to the AAUP-WSU chapter office, 113 Medical Sciences Building, x3608. The relevant addresses are:

Campus mail address: AAUP-WSU
113 Medical Sciences Building

U. S. mail address: AAUP-WSU
113 Medical Sciences Building
Wright State University
3640 Colonel Glenn Highway
Dayton, Ohio 45435-0001

Office location: 113 Medical Sciences Building

Thank you for your membership in AAUP-WSU!

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113 Medical Sciences Building
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U.S. mail: AAUP-WSU
113 Medical Sciences Building
Wright State University
Dayton, Ohio 45435-0001

Officers: Dr. Martin M. Kich, President, 419-303-4619
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