



AAUP Membership *and* Payroll Deduction Consent Form

I, the Undersigned, wish to join the Wright State University chapter of the AAUP (or am already a member and wish to continue my membership), and I authorize the regular deduction from my salary, of the annual dues* established by the AAUP and the Wright State University Chapter of the AAUP, and the remittance of the amounts so deducted to the Wright State University Chapter of the AAUP. The amount to be deducted each month shall be one-twelfth of the current annual dues (National plus Local Chapter components) as determined by the AAUP and shall begin immediately and continue for a period of one (1) year, and shall continue subsequently until notification by me.

Name (please print): _____

Signature: _____

UID number: _____

Department: _____

Date: _____

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

Dues for Associate Chapter Members -- members of AAUP-WSU who are not in the Bargaining Unit -- are as follows:

- Local dues: \$10 per year
- National dues: \$194 in 2022 for *fulltime* members of national AAUP.

The above dues information is believed to be valid as of this document's creation date, January 11, 2022..

Please **Print**, **Sign**, and **Scan** the form as a .pdf, and send by e-mail to aaupwsu@gmail.com or mail signed copy to the Chapter Office, 113 Medical Sciences.

Thank you for your membership in AAUP-WSU!

January 11, 2022

Campus mail: AAUP-WSU
113 Medical Sciences Building

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

Chapter email: aaupwsu@gmail.com

Chapter website: aaup-wsu.org

Officers: Mr. Robert (Bobby) Rubin, President, 937-775-3136
Dr. Geoffrey Owens, Vice President, 937-775-2923
Dr. Volker Bahn, Treasurer, volker.bahn@gmail.com
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