

# YES, I WOULD LIKE TO JOIN THE AAUP

**NOW MORE THAN EVER** we need to work together to defend academic freedom, the rights of all faculty, and the quality of higher education.

Please complete this form and mail it to the **AAUP, 1133 Nineteenth Street NW, Suite 200, Washington, DC 20036-3655.**

If you have any questions, please e-mail [rlewis@aaup.org](mailto:rlewis@aaup.org).

This is  a new application  an application for renewal.

Name  
(PLEASE PRINT) FIRST MIDDLE LAST

Institution

Academic Discipline Tenured? Tenure Track?  
 Yes  No  Yes  No

Home Address (required\*)

CITY STATE ZIP CODE

Work Address

CITY STATE ZIP CODE

E-Mail Daytime Telephone

Please do not include my name on non-AAUP mailing lists.

Preferred Mailing Address  Home  Work

\*We are required to use home addresses for AAUP election materials.

## EMPLOYMENT STATUS *(Check one)*

- Full Time:** Teacher, researcher, or academic professional at an accredited college or university
- Part Time:** Faculty paid on a per-course or percentage basis
- Graduate Student:** Enrolled at an accredited institution within the last five years and not eligible for another active membership category
- Retired**
- Associate:** A nonvoting membership for all other supporters, including administrators and the public

## ACADEME SUBSCRIPTION

- Yes,** I want to receive a print subscription to *Academe*, the magazine of the AAUP. (If you do not check this box, you will receive an online-only subscription.)

## PAYMENT TYPE *(Check one)*

- Option #1: Bank Draft**  
Bank Name: \_\_\_\_\_  
Draft Account Type:  Checking  Savings  
Bank Routing #: \_\_\_\_\_  
Bank Account #: \_\_\_\_\_  
Payment Frequency:  Monthly  
Monthly Dues Amount: \_\_\_\_\_

- Option #2: Credit/Debit Card**  
Card Type:  VISA  MasterCard  AmEx  
Name on Card: \_\_\_\_\_  
Card #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Payment Frequency:  Monthly  Annual  
Monthly Dues Amount: \_\_\_\_\_  
Annual Dues Amount: \_\_\_\_\_

*I authorize the AAUP to charge the above credit or debit card, or debit the above checking account, each month or year for the amount indicated. The dues amount may change if authorized pursuant to the AAUP's constitution. If this happens, I authorize my bank to adjust my payment when notified by the AAUP. I agree this authorization remains in effect until terminated in writing by me.*

Signature: \_\_\_\_\_

- Option #3: Personal Check**  
My check payable to the AAUP is enclosed for:

\_\_\_\_\_

## 2017 NATIONAL DUES<sup>1</sup>

Annual Dues	Monthly Dues	Academic Income
\$61	\$5.08	\$30,000 and less
\$78	\$6.50	\$30,001–\$40,000
\$101	\$8.42	\$40,001–\$50,000
\$124	\$10.33	\$50,001–\$60,000
\$170	\$14.16	\$60,001–\$70,000
\$198	\$16.50	\$70,001–\$80,000
\$222	\$18.50	\$80,001–\$100,000
\$244	\$20.33	\$100,001–\$120,000
\$268	\$22.33	More than \$120,000

## SHOW YOUR SUPPORT WITH A LIFETIME MEMBERSHIP<sup>2</sup>

▶ Age 60 to 64: \$1,800 ▶ Age 65 to 69: \$1,200 ▶ Age 70 and older: \$800

1. Rates valid through December 31, 2017. If you teach at an institution where the AAUP has a collective bargaining agreement, please contact the local chapter for information on joining the AAUP. If you teach in Nevada, please contact the Nevada Faculty Alliance.

2. Lifetime member rates do not apply to members currently paying dues through a collective bargaining chapter.