

Rutgers Council of AAUP-AFT Chapters

American Association of University Professors
American Federation of Teachers

ASSOCIATE MEMBERSHIP APPLICATION

(Please Print)

Name _____
Last First Middle

Department _____

Department
Address _____

Campus: New Brunswick/Piscataway _____ \ Newark _____ \ Camden _____ \

RETIRED ()

FORMER TA/GA () (MUST BE CURRENTLY MATRICULATED)

FORMER PTL ()

E-Mail
Address _____

Home Phone _____ Cell Phone _____

Local
Home Address _____
Street Apt/Floor

_____ City State Zip Code

Please fill in your SS#

I, undersigned, hereby apply for membership in the Rutgers Council of AAUP-AFT Chapters as an Associate Member. My membership shall begin subsequent to the payment of dues at the annual rate set by the Executive Council and shall terminate on June 30 of each year. I agree, in accordance with the By-laws of the Rutgers AAUP-AFT and The Part-Time Lecturer Faculty Chapter of the AAUP-AFT, that I may serve on committees but cannot be elected to office or vote.

The exception to this exclusion is that up to two retiree associate members and two TA/GA associate members may be elected to the Executive Council with full voting rights as part of the faculty representation and TA/GA representation on the Council.

X _____
Signature Date

X _____
Signature of AAUP-AFT Official Date

**RETURN TO: 11 STONE STREET, NEW BRUNSWICK, NJ 08901-1113 (COLLEGE AVE CAMPUS)
OR FAX TO (732) 964-1032**