Rutgers Council of AAUP Chapters

American Association of University Professors
American Federation of Teachers

MEMBERSHIP APPLICATION

(Please Print)

Name_____
Last First Middle

Department_____

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

Current Position: FT Faculty _____ \ TA/GA _____\ EOF_____\ PTL_____ \ Postdoc _____\

E-Mail
Address_____

Home Phone_____ Cell Phone_____

Home Address
Street/Apt_____

_____
City State Zip Code

Please fill in your SS# Shaded Boxes For Office Use Only

X	I	SOCIAL SECURITY NUMBER											EFFECTIVE DATE							ELEMENT #						U
					-			-												0	1	9	9	0		
1	2	4										12	15						20	21					25	26

I, undersigned, hereby apply for membership in the Rutgers Council of AAUP Chapters. My membership shall remain in effect unless terminated by termination of employment or by me upon written notice of withdrawal provided to the AAUP-AFT between June 15 and 30 of any calendar year for Part-Time Lecturers, and between December 15 and December 31 of any calendar year for both Part-Time Lecturers and Full-Time members of the Rutgers Council of AAUP Chapters (including TA/GAs, EOF, and Postdocs).

AAUP-AFT DUES DEDUCTION AUTHORIZATION

Concurrently, I, undersigned, also hereby authorize Rutgers, The State University of New Jersey, to deduct from my earnings an amount as shall be certified by the Rutgers Council of AAUP Chapters or the Part-Time Lecturer Faculty Chapter. The bi-weekly amount deducted shall be paid to the Rutgers Council of AAUP Chapters or Part-time Lecturers Faculty Chapter, as applicable. This authorization shall remain in effect until termination of employment or by written notice of withdrawal as stipulated above.

X_____ _____
Signature of Employee **Date**

_____ _____
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