



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, 555 New Jersey Ave NW, Suite 600, Washington, DC, 20001**. If you have any questions, please email membershipservices@aaup.org. To join or renew online, visit www.aaup.org/membership/join.

This is a new application an application for renewal.

Name
(PLEASE PRINT) FIRST MIDDLE LAST

Institution _____

Tenured? Tenure Track?

Academic Discipline _____ Yes No Yes No

Home Address (required*) _____

CITY STATE ZIP CODE

Work Address _____

CITY STATE ZIP CODE

Email _____ 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.

2023 NATIONAL DUES*

Full-Time	\$261
Associate	\$203
Entrant/Joint/Retired	\$144
Part-Time/Graduate	\$102

* Rates valid through December 31, 2023 at St John's University in New York only.

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: Credit/Debit Card**
Card Type: VISA MasterCard AmEx
Name on Card: _____
Card #: _____
Expiration Date: _____ CVV _____
Payment Frequency: Annual
Annual Dues Amount: _____

I authorize the AAUP to charge the above credit or debit card each 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 #2: Personal Check**
My check payable to the AAUP is enclosed for _____

(ACA)