

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 email 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

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.

2020 NATIONAL DUES¹

| Annual Dues | Monthly Dues | Academic Income |
|-------------|--------------|---------------------|
| \$66 | \$5.50 | \$30,000 and less |
| \$84 | \$7.00 | \$30,001–\$40,000 |
| \$109 | \$9.08 | \$40,001–\$50,000 |
| \$134 | \$11.17 | \$50,001–\$60,000 |
| \$183 | \$15.25 | \$60,001–\$70,000 |
| \$214 | \$17.83 | \$70,001–\$80,000 |
| \$240 | \$20.00 | \$80,001–\$100,000 |
| \$264 | \$22.00 | \$100,001–\$120,000 |
| \$290 | \$24.17 | More than \$120,000 |

SHOW YOUR SUPPORT WITH A LIFETIME MEMBERSHIP²

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

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:

1. Rates valid through December 31, 2020. 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.