



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 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 _____

Academic Discipline _____ Tenured? Yes No Tenure Track? 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.

2021 NATIONAL DUES*	
Full-Time	\$247
Associate	\$192
Entrant/Joint/Retired	\$136
Part-Time/Graduate	\$66

* Rates valid through December 31, 2021 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
