



American Association
of
University Professors
Portland State University Chapter
MEMBERSHIP APPLICATION

Name: _____
(Last) (First) (M.I.)

Mailing Address:

Campus Home
Mail Code: _____ Address: _____

Academic Field & Rank: _____

Extension: 5- _____ Email: _____

AUTOMATIC DEDUCTION AUTHORIZATION

As provided under ORS 292.043, I authorize the monthly deduction of my dues to the American Association of University Professors, Portland State University Chapter. The amount of the deduction is based on my salary and AAUP status, and is calculated by the AAUP office and the Payroll Office. The monthly deductions will continue until I provide written notification to the Payroll Office.	Print Name	_____
	Signature	_____
	Department	_____
	Date	_____
	SS#	_____

Annual Dues

Normal Annual dues for PSU-AAUP members are 3/4 of one percent (.0075) of academic salary. Non-tenured Active Entrant dues (must be new to AAUP bargaining unit) are 3/8 of one percent (.00375, half of normal dues). Annual dues cover local, state and national membership in AAUP.

SEND COMPLETED FORM VIA CAMPUS MAIL TO MAIL CODE "AAUP"