



Payroll Deduction Authorization/ Membership Application

Name: _____
 (please print clearly) Last First M.I.

Department: _____

Date of Hire: _____

PSU ID: _ _ - _ - _ - _

Home/Cell Phone*: _____

Non-PSU Email: _____

PSU Email: _____ @ pdx.edu

Select One:

- Academic Professional
- Tenure Track (TT)
- Tenured (T)

- Non-Tenure Track Instructional (NTTF-I)
- Non-Tenure Track Research (NTTF-R)
- Fixed Term (FT)

Choose to become a Member or Voluntary Representation Fee Payer

Membership (SIGN BOTH SIGNATURE LINES)	OR	Voluntary Representation Fee Deduction
<input type="checkbox"/> YES! I choose to be a member of PSU-AAUP, with the right to share in decision making, and the right to vote on all matters, in which PSU-AAUP operates. Membership becomes valid only if Member Dues Deduction is checked and signed below. <div style="border: 1px solid black; padding: 2px; display: inline-block; margin: 5px auto;">Member Dues Deduction</div> <input checked="" type="checkbox"/> As a member of PSU-AAUP, I authorize withholding and remittance of member dues. Through my signature below I request and authorize the University to deduct from my wages an amount equal to regular member dues, as noticed by PSU-AAUP and in accordance with the CBA Article 10. This authorization shall remain in effect and be irrevocable until the 30-day cancellation period between August 1 and August 30 of the year following the date of this authorization and shall be renewed yearly thereafter unless I notify the Association, in accordance with its Bylaws, of my desire to cancel the deduction of member dues during the next cancellation period. <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> X _____ Signature of Member REQUIRED Date </div>	or	<input type="checkbox"/> I agree to pay voluntary representation fees to PSU-AAUP. I do not wish to be a member of PSU-AAUP, but I support the work and value provided by PSU-AAUP. I want to contribute my share of the costs of bargaining and enforcing the collective bargaining agreement, and PSU-AAUP's work in advocating on behalf of higher education and higher education workers. Voluntary representation fees are the same payroll deduction percentage as member dues. Through my signature below I request and authorize the University to deduct from my wages an amount equal to the regular voluntary representation fees, as noticed by PSU-AAUP and in accordance with the CBA Article 10. This authorization shall remain in effect and be irrevocable until the 30-day cancellation period between August 1 and August 30 of the year following the date of this authorization. This authorization shall renew yearly thereafter unless I notify the Association, in accordance with its Bylaws, of my desire to cancel the payment of voluntary representation fees during the next cancellation period. <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> _____ Signature of Voluntary Representation Fee Payer Date </div>

Member dues and representation fees cover PSU-AAUP membership; membership in the National AAUP and in the Oregon Conference of the AAUP (AAUP-OR); and, since AAUP is an affiliate union of the American Federation of Teachers (AFT), access to a variety of AFT individual member benefits.

Member dues and representation fees are 1.164% (as of Jan. 1, 2021) of all wages paid monthly. Member Dues and representation fees may increase yearly to cover increases in dues adjustments by our affiliates. Send your completed application to aaup@psuaaup.net or via campus mail to: PSU-AAUP, SMSU 232

*By providing my phone number I understand that PSU-AAUP may use physical calling methods or automated technologies and/or text messaging on an occasional basis. Carrier message and data rates may apply. Reply STOP at anytime to stop receiving messages.