

Membership Card

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|---------------|--|--|--------------|-----------|--|------------|----------|--|
| First Name | | | | Last Name | | | | |
| Home Address | | | | | | | | |
| City | | | | State | | | Zip Code | |
| College | | | | Dept | | | | |
| Employee ID # | | | | Building | | | | |
| Email | | | | Email 2 | | | | |
| Home Phone | | | Office Phone | | | Cell Phone | | |

1. Yes, I want to join with other full-time faculty members for a stronger voice for academic freedom, economic security, good benefits, and improved working conditions. I hereby request and voluntarily accept full membership in the URI Chapter of the American Association of University Professors (URI/AAUP) and the National AAUP and agree to abide by their Constitutions and Bylaws. As a member, I will have the right to participate in promotion, tenure, retirement, and income tax preparation workshops, attend union meetings, serve on union committees, vote for union officers, vote on the collective bargaining agreement, participate in AAUP conferences, as well as have access to webinars, toolkits, guidebooks, publications, professional liability insurance, accident insurance and more. I fully understand that the annual dues, fees, and assessments required for membership in the associations are subject to periodic change by the associations and I hereby request and voluntarily authorize my employer to deduct from my earnings and to pay over to URI/AAUP an amount equal to the regular monthly dues uniformly applicable to members of URI/AAUP. I voluntarily agree to this deduction unless I revoke this authorization in a signed writing submitted to URI/AAUP, 302 Roosevelt Hall, Kingston, RI 02881 between May 20 and June 30 of the membership year immediately preceding the membership year in which the membership is to be cancelled.

Signature: _____
 (voluntary authorization to deduct membership dues)

Date: _____

Help Hold Politicians Accountable for Higher Education

2. Yes! I want to hold politicians accountable for higher education and I know we can only do that if we stand together. I hereby authorize my employer to withhold the indicated amount per pay period to forward to URI/AAUP as a contribution to the URI/AAUP Political Action Committee.

\$10 \$5 \$2.50

Printed Name: _____

Employee ID no.: _____

Signature: _____

Date: _____

*I understand PAC contributions are voluntary and not a condition of membership. Such contributions will be used to support candidates for elected office and I have a right to refuse to contribute without any change in membership service or status. **Foreign nationals are prohibited from making contributions, donations or expenditures in connection with any election—federal, state or local. Please do not contribute to PAC if you have a US VISA, permanent residents with a "green card" are exempt.***

Dues Structure

- URI Chapter Dues: Academic Year Employees, 0.81% of salary; Calendar Year Employees, 0.67% of salary (payroll deduction)
- AAUP National Dues: TT, Clinical, & Research Faculty \$11.51 bi-weekly (payroll deduction), new members receive a partial refund for the first year
- AAUP National Dues: Assistant Teaching Professors, Associate Teaching Professors, and Teaching Professors: discounted rate \$3.78 bi-weekly (payroll deduction)