

AAUP MEMBERSHIP APPLICATION – MICHIGAN CONFERENCE

Check Membership category (2009 National Dues):

___ Full-time (\$168) ___ Associate (\$126) ___ Entrant (\$84) ___ Joint (\$84)
___ Retired (\$84) ___ Part-time (\$42) ___ Graduate (\$42)

Name: _____

Institution: _____

Preferred mailing address: _____

Daytime Phone: (___) _____ - _____ E-Mail: _____

Tenured: ___ Yes ___ No Academic Rank & Field: _____

Membership Status: ___ New Member ___ Renewal ___ Reinstatement

Note: Membership will extend for twelve months from the month payment is received at the national office.

PAYMENT

Total Dues: ___ National Dues
 + ___ Michigan Conference - \$39
 + ___ Chapter Dues (GVSU, MSU, U-M Ann Arbor - \$10, U-M Flint - \$12)
 = ___ Total Dues Owed

Check: Amount Enclosed \$ _____ Please make check payable to: AAUP

I hereby authorize the AAUP to charge my credit card \$ _____

Visa ___ MasterCard ___ American Express ___ Discover ___

Card No. _____ Exp. Date: _____

Signature: _____ Date: _____

Mail to:
MI-AAUP
PO Box 308
Dexter, MI 48130

Fax to:
(517) 913-6447