

**ENROLLMENT FORM AND AUTHORIZATION OF PAYROLL DEDUCTION
OF MEMBERSHIP DUES**

Dear Colleague:

On behalf of the University of Delaware Chapter of the American Association of University Professors (AAUP-UD), which has been representing UD faculty since 1972, it is my pleasure to welcome you as a member. I hope that you will participate actively in AAUP-UD, since only with a large, vocal, and involved membership can the organization fully carry out its commitment to serve the needs of all faculty.

Faculty who join the AAUP-UD pay no dues until September 15 of the academic year following their enrollment. Just as a matter of information, if you *were* paying dues in 2009-10, the cost would be \$12.92 per paycheck, the lowest dues of any comparable AAUP chapter.

To join AAUP-UD, please download and fill out the payroll deduction form provided here and return it to AAUP, 301 McDowell Hall.

The AAUP-UD website at www.udel.edu/aaup provides contact information for all officers and Executive Council members. Please feel free to get in touch with any of us whenever you have questions or suggestions. The website also outlines the benefits of membership, including insurance options and a complimentary half-hour of legal advice on non-employment-related matters.

Thank you for deciding to join the University of Delaware Chapter of the AAUP. We look forward to working with you.

Joan DeFattore
President
jdell@udel.edu
831-2987

Enrollment Form

I, _____, hereby enroll in the University of Delaware Chapter of the American Association of University Professors. I have filled out the authorization for payroll deductions of my dues to begin with the first paycheck of the academic year following my enrollment.

To: University of Delaware, Newark, DE 19716

I hereby authorize and direct the University of Delaware through its officers, agents and employees to deduct from the portion of my salary due me each semimonthly pay period the amount certified by the American Association of University Professors, University of Delaware Chapter. Deductions are to begin with the first paycheck of the academic year following the date of my enrollment as a member of the American Association of University Professors, University of Delaware Chapter.

I further authorize and direct the University of Delaware to transfer and pay the sum so deducted to the Treasurer of the American Association of University Professors, University of Delaware Chapter.

In consideration of the above described services, rendered by the University of Delaware, the American Association of University Professors, University of Delaware Chapter, its members, officers, agents, and employees and the undersigned hereby release and discharge the University of Delaware, its officers, agents and employees from any and all liability whatsoever arising as a result of the authorization herein given.

Dues deduction authorization received by the University payroll department shall be in accordance with the "AAUP MEMBERSHIP, Professional Dues Deduction" article of the current University of Delaware contract.

This authorization is voluntary. I agree and direct that it shall remain in effect unless revoked by me by giving written notice to the University and the Association. This authorization shall cease upon termination of employment with the University or upon transfer to a position excluded from the bargaining unit.

It is understood this service shall be limited to the University of Delaware Chapter of the American Association of University Professors for any individual employee, and that no partial deductions will be made.

Employee Signature _____ Date _____

(Print) Last Name, First, Middle _____

Faculty Rank _____ Department _____ Extension _____

University ID Number (see pay stub) _____

Campus Address _____

E-mail _____