

**ACADEMIC FREEDOM IS NOT FREE**

**AUTHORIZATION OF PAYROLL DEDUCTION OF MEMBERSHIP DUES**

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**AAUP UNIVERSITY OF DELAWARE CHAPTER**

To: University of Delaware  
Newark, DE 19716

Dear Colleague:

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 semi-monthly pay period the amount certified by the American Association of University Professors, University of Delaware Chapter.

Payroll deduction is an easy and convenient way to pay your local and National AAUP dues. As an incentive for joining, you pay **no local dues** for your first year of membership. This represents about a 50 percent reduction in your dues.

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.

Faculty new to the University will receive **free local and national dues** for one year if they join during their first academic year of hire.

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.

The easiest payment method is by payroll deduction, which you may authorize by completing this form. Or you may pay by check directly to the chapter office (call extension 2292 for details). Return this form or your check to the AAUP office, 301 McDowell Hall.

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 and AAUP contract.

Thank you for joining the University of Delaware Chapter of AAUP.

This authorization is voluntary and shall be irrevocable for the period of one (1) year, and I agree and direct that it shall be automatically renewed and shall be irrevocable for successive periods of one (1) year each, unless revoked by me by giving written notice to the university and the Association not less than fifteen (15) days prior to the expiration of each period of one (1) year. This authorization shall cease upon termination of employment with the University or upon transfer to a position excluded from the bargaining unit.

Sincerely,

Linda Bucher  
President

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.

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**2007 Payroll Deduction per Paycheck**

\*Tenured faculty new to the AAUP will pay **\$6.75 per paycheck** for the first year of national AAUP membership.

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name (Print)

Non-tenured faculty, new to the AAUP will pay **\$3.38 per paycheck** for national AAUP membership.

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Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Please refer to the AAUP web page for dues after the first year. ([udel.edu/aaup/](http://udel.edu/aaup/))

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Faculty Rank \_\_\_\_\_ Department \_\_\_\_\_ Extension \_\_\_\_\_

Note: Local will be included after the first year's membership.

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University ID Number \_\_\_\_\_

\*Couples with two memberships in this category are entitled to a reduced rate. Please phone the AAUP office, x2292 for details.

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Campus Address/Department \_\_\_\_\_

E-mail \_\_\_\_\_

Hire Date \_\_\_\_\_ Non-Tenured \_\_\_\_\_ Tenured \_\_\_\_\_

[ ] I have been a member of AAUP at a previous institution.