## AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS AT THE NEW YORK INSTITUTE OF TECHNOLOGY, INC. (AAUP CHAPTER #5865)

## **Membership Application and Payroll Deduction Form (Part-Time Members)**

I hereby apply for membership in one of the NYIT chapters of the American Association of University Professors (AAUP). I authorize the regular deduction, from my salary, of dues in amounts as authorized by the AAUP at NYIT, Inc. Joint Council (currently 0.50% of my base salary). This authorization shall be effective immediately, and shall continue in force until revoked in writing by me.

NAME (Print):		<u> </u>	
, , ,	LAST	FIRST	MI
TITLE (Check):	Dr Prof	Ms Mr.	
GENDER:	M F	_	
HOME ADDRESS:			
	CITY	STATE	ZIP CODE
HOME PHONE:	( )		
MOBILE PHONE:	( )		
Department	R	ank or Title	
Campus at which you	u teach the most courses	s: Manhattan	Old Westbury
AAUP chapter you ar	e joining: ( ) Manhatta	an ( ) Old Westbur	у
Signature		Date	

Please send the completed, signed form back to us either by email to <a href="mailto:dtibrewala@nyit.edu">dtibrewala@nyit.edu</a>, fax: 516-686-1124, or interoffice mail: AAUP at NYIT, Harry Schure Hall, Room 205, Old Westbury.

Thank you.