



AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS
THE UNIVERSITY OF IOWA CHAPTER

MEMBERSHIP FORM

Yes, I would like to join the AAUP.

Name: _____

Address: _____

Department: _____

Rank: _____

E-mail: _____

Annual Dues: *Please enclose check for first year dues, payable to University of Iowa Chapter AAUP.*

- _____ \$91.00 **New AAUP members only — see Note below**
- _____ \$181.00 **Other full-time faculty members**
- _____ \$91.00 **Joint members** (second member from same household)
- _____ \$91.00 **Retired faculty members**
- _____ \$46.00 **Part-time faculty members; Graduate students**
- _____ \$136.00 **Associate members** (non-faculty, non-voting — may include university administrators and members of the public)
- _____ \$10.00 **Local dues** – PLEASE ADD TO EACH MEMBERSHIP CATEGORY!
- _____ Total

Note: Untenured members are eligible for this reduced rate for up to four years.
Tenured new members are eligible for this reduced rate for up to three years.

Until further notice, I request monthly **PAYROLL DEDUCTION** for future dues payments.

Signature: _____

Print name: _____

University ID: _____

E-mail: _____

Please return this form to: Prof. Kathy Clark
College of Nursing
434 NB
University of Iowa