



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 OR arrange for payroll deduction below.*

_____	\$10.00	Local dues – PLEASE ADD TO EACH MEMBERSHIP CATEGORY
_____	\$45.00	Faculty members with academic incomes of \$30,000 or less
_____	\$60.00	Members with academic incomes of \$30,001–\$40,000
_____	\$80.00	Members with academic incomes of \$40,001–\$50,000
_____	\$100.00	Members with academic incomes of \$50,001–\$60,000
_____	\$140.00	Members with academic incomes of \$60,001–\$70,000
_____	\$165.00	Members with academic incomes of \$70,001–\$80,000
_____	\$185.00	Members with academic incomes of \$80,001–\$100,000
_____	\$205.00	Members with academic incomes of \$100,001–\$120,000
_____	\$225.00	Members with academic incomes of more than \$120,000

_____ **Total**

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