

Membership and Dues Payment Election Form

185 E. Mill Street Suite 101A Akron, OH 44325-4734 330.972.6131 330.972.2143 fax www.akronaaup.org

Choose **one** of the following options to become a member of Akron-AAUP: Withhold the entire amount of my Akron-AAUP dues by payroll deduction in 9 installments (September - May) [or 12 installments (July - June) for faculty on twelve 12 month contracts]. I am aware that selecting this option may reveal to the UA administration that I am a member of Akron-AAUP. Withhold only the "fair share" portion of my Akron-AAUP dues via payroll deduction in 9 installments (September-May), [or 12 installments (July -June) for faculty on twelve 12 month contracts]. I pledge to pay the remainder of my annual dues in a single payment to the Chapter Treasurer upon being invoiced for that amount (typically in October) each year. By selecting this option the UA administration is not privy to payroll information indicating my membership in Akron-AAUP). Print Name Department **UA E-mail address** Campus Mailing Address (+ZIP) Signature Date Off-campus Mailing Address – if requesting invoicing of Annual Dues (2nd option above) Thank you for supporting your union! Return this form to **Dr. Russell K. Davis III, Executive Director** via any of the methods below UA Campus Mail: Dr. R. Davis, Akron AAUP, ASB 101A, +4734 USPS Mail: Dr. R. Davis; Akron AAUP; P.O. Box 528; Akron, OH 44309

USPS Mail: Dr. R. Davis; Akron AAUP; 185 E. Mill Street, Akron OH 44325-4734