

**AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS
Indiana University-Bloomington**

2009 AAUP DUES:

	National	State Conference	Bloomington Chapter
Full-time	\$169.00	\$22.00	\$10.00
Part-time/Graduate	\$ 43.00	\$ 3.00	\$10.00
Entrant/Joint/Retired	\$ 85.00	\$16.00	\$10.00
Associate/Public	\$127.00	\$19.00	\$10.00

- Full-Time:** Tenured teacher/researcher or similar academic appointment at an accredited college or university (or transferred to this category after four years in the Entrant category)
- Part-Time:** Faculty receiving no more than 50% of the salary of a Full-Time member
- Entrant:** Non-tenured faculty, new to the AAUP, for 4 years of AAUP membership
- Joint:** Couples with one Full-Time member may enroll a 2nd member at the Joint rate; only one *Academe* subscription per couple
- Retired:** Active members may request transfer to emeritus status upon retirement.
- Associate:** Category for those with primarily administrative duties
- Public:** For those not eligible for any of the above categories but wish to support the AAUP as a member.
- Graduate:** Persons enrolled as graduate students at an institution; 5 year limit

Membership Term: When paying by check or charge, you get 12 months of membership effective from the date of joining. Future membership dues bills will come directly from the national office near the "anniversary date" of joining. When paying by Payroll Deduction, members pay for the number of months that they are members of the AAUP during the calendar year in which they join. The payroll deduction may be increased the following January should the national office increase membership dues.

Monthly Payroll Deduction: Divide total annual dues by 10 if you have a 10-month appointment; by 12 if you have a 12-month appointment.

WORKSHEET:

National (mandatory)	\$ <u>169.00</u>
+ State Conference (mandatory)	+\$ <u>22.00</u>
+ Bloomington Chapter (optional, but a good investment)	+\$ <u>10.00</u>
TOTAL:	\$ <u>201.00</u>

2009 – AAUP-IUB MEMBERSHIP APPLICATION FORM – 2009
(See attached dues sheet)

NAME _____ **DEPT/SCHOOL** _____

ADDRESS _____

E-MAIL ADDRESS _____

METHOD OF PAYMENT:

1. **Check** for \$ _____ enclosed (payable to AAUP-IUB)

OR

2. Payroll Deduction

Unless revoked by me in writing, I authorize the Payroll Office to make the following deductions that will be remitted to the AAUP-IUB. I understand that annual increments may occur with the January 1 paycheck each year.

\$ _____ per month beginning _____

Printed Name _____

Signature: _____

10-digit IU employee ID (if you know it) _____

Date
signed _____

Mail completed form to:

Julie Bobay, Treasurer AAUP-IUB

Library E1060

Bloomington, IN 47405-3907

812-855-7743

e - mail: bobay@indiana.edu