

Dear Colleague,

As a state employee, you are entitled to join a collective bargaining unit. Teaching faculty, counselors, coaches and librarians are represented by the Connecticut State University – American Association of University Professors (CSU-AAUP). To join, please complete this form and return it to WCSU-AAUP 118 White Hall or email it to aaupw@wcsu.edu.

Katy Wiss, WCSU-AAUP Chapter President.

Membership Authorization: Yes, I want to become a member of the Connecticut State University – American Association of University Professors (CSU-AAUP). I hereby request and voluntarily accept membership in the CSU-AAUP and I agree to abide by its Constitution and Bylaws and by the American Association of University Professors' Constitution and Bylaws. I authorize CSU-AAUP to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer.

SIGNATURE

DATE

Dues Deduction/Checkoff Authorization: I hereby request and voluntarily authorize my employer to deduct from my earnings and to pay over to CSU-AAUP an amount equal to the regular monthly dues uniformly applicable to members of CSU-AAUP (currently 1% of salary). This authorization shall remain in effect and shall continue to be binding unless I revoke it by sending written notice via U.S. mail to both the employer and CSU-AAUP during the period not less than thirty (30) days and not more than forty-five (45) days before the annual anniversary date of this agreement or the date of termination of the applicable contract between the employer and CSU-AAUP, whichever occurs sooner. This authorization shall be automatically renewed as a binding contract from year to year unless I revoke it in writing during the window period, even if I have resigned my membership in CSU-AAUP.

SIGNATURE

DATE

Contributions or gifts to CSU-AAUP are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

WCSU

FIRST NAME

LAST NAME

UNIVERSITY

HOME ADDRESS

CITY

STATE/ZIP

NON-UNIVERSITY EMAIL

HOME PHONE #

MOBILE*# (FOR TEXT ALERTS)

JOB CLASSIFICATION:

- Full-time Faculty
 Part-time Faculty

* By providing my mobile number, I understand the American Association of University Professors, its local unions, and affiliates may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. AAUP will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

DEPARTMENT: _____

UNIVERSITY EMAIL: _____

For office use only

Date received:

Date entered:

Staff or Member/Leader: