

**AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS AT THE
NEW YORK INSTITUTE OF TECHNOLOGY, INC. (CHAPTER #5865)**

Membership Application and Payroll Deduction Form

I hereby apply for membership in one of the NYIT Chapters of the American Association of University Professors (AAUP). I authorize the regular deduction, from my salary, of dues in amounts as authorized by the Joint Council (currently 0.9%) of my base salary. This authorization shall be effective immediately, and shall continue in force until revoked in writing by me.

Name (Print): _____
Last First MI

Title (Check): Dr. Prof. Ms. Mr.

Gender: Male: Female:

Home Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail _____

Department _____ Rank or Title _____

Do you have tenure? Yes No

Campus: Manhattan: Old Westbury:

Chapter you are joining: Manhattan Old Westbury

DOB _____

Signature _____ Date: _____