APPLICATION FOR MEMBERSHIP

I hereby apply for membership in the **Rider University Chapter American Association of University Professors** during my present or in any future employment in a position designated as part of the Rider University AAUP Bargaining Unit.

Please Print:

_____ _____ ____
Last Name: First Name: MI:

Circle Preferred Title: Prof. Dr. Mr. Mrs. Ms. Miss

School/College: ATHL CBA CCS LIB SFPA SED SLAS SED WCC

Department: _____ Rank: _____

If Athletics, what sport?_____

Campus: Lawrenceville ____ Princeton ____ Campus Address: _____

Office Phone #:_____(please provide full phone number, not just ext.)

Campus E-mail:_____

My appointment is: Full time ___ Part-time ___ Term:_____

Date of Hire:_____

Home Address:_____

_____

Phone # _____ Home E-mail:_____

Were you previously a member of AAUP? Yes __ No __
If yes, where, when and how long?_____

_____

Date:_____ Signature:_____

Social Sec. #_____ (Only provide SS# if requesting dues deduction). If you would like to pay your dues by automatic deductions, you must return both a membership and dues authorization form to: Terri Stutesman, AAUP, 2083 Lawrenceville Road, Lawrenceville, NJ 08648.