

AUTHORIZATION FORM  
FOR PAYROLL DEDUCTION OF  
AAUP DUES

I, undersigned, authorize the regular deduction from my salary of AAUP state and national dues in amounts as authorized by the Wartburg College chapter of the AAUP. This authorization shall be effective as of October 1 and continue in force until revoked in writing by me. Said deduction should be divided equally for the months of October, November, and December. The Wartburg College payroll office will submit the total annual deduction in one payment to the national AAUP at the beginning of the calendar year.

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PREFERRED MAILING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

E-MAIL: \_\_\_\_\_

DAYTIME TELEPHONE: \_\_\_\_\_

DISCIPLINE: \_\_\_\_\_

MEMBERSHIP CLASS (check one):

	<u>Faculty salary range</u>	<u>Annual dues</u>
___	< \$30,001	\$ 45
___	\$ 30,001 - 40,000	\$ 60
___	\$ 40,001 - 50,000	\$ 80
___	\$ 50,001 - 60,000	\$ 100
___	\$ 60,001 - 70,000	\$ 140
___	\$ 70,001 - 80,000	\$ 165
___	\$ 80,001 - 100,000	\$ 185
___	\$ 100,001 - 120,000	\$ 205
___	> \$120,000	\$ 225

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\* Please return to Jamie Hollaway (LH 209) \*\*\*\*