

Ohio State University Chapter of the American Association of University Professors

REGISTRATION FOR MEMBERSHIP

To become a member and pay annually, enclose a check and send this form to:

Lynne Olson
0350 Veterinary Medicine Academic Building
1900 Coffey Road
Columbus, OH 43210

Date _____

Print name:

Last _____ First _____ Middle _____

SS# for payroll deduction only (below) Department _____

Membership Category:	annual fee	monthly fee
<input type="checkbox"/> Active, Full Time	\$213	\$17.17
<input type="checkbox"/> Active, Part-time	\$ 68	\$ 5.50
<input type="checkbox"/> Entrant	\$116	\$ 9.42
<input type="checkbox"/> Retired	\$116	\$ 9.42
<input type="checkbox"/> Joint	\$116	\$ 9.42
<input type="checkbox"/> Graduate	\$ 68	\$ 5.50
<input type="checkbox"/> Associate	\$166	\$13.25

For monthly deductions only, fill out the form below also and send to address above.

AUTHORIZATION OF PAYROLL DEDUCTION

The undersigned authorizes and directs the Ohio State University to deduct from wages earned by me while in your employ, the regular monthly dues for the OSU Chapter of the American Association of University Professors. The undersigned reserves the right to revoke this authorization upon written notice to the University, which will be effective not later than thirty (30) days following receipt by the University of such revocation.

I would like my membership fee deducted monthly _____

SS# _____

Signature _____

NOTE: If you are currently a member on payroll deduction, you need not fill out this form again.