

**American Association of University Professors
2002 Membership Application
OREGON**

This is a ___ New Application form or an ___ Application for reinstatement.

Name: _____

Preferred mailing address: _____

City: _____ State: _____ Zip: _____

This address is my ___ home ___ work place

Daytime Telephone: (____) _____ E-mail address: _____

Institution: _____ Tenured: ___ yes ___ no?

Academic Field: _____ Academic Rank: _____

2002 Annual National Dues (check the appropriate category)

_____ **Full-Time:** Regular academic appointment at an accredited institution. (**\$131**)

_____ **Associate:** Primarily Administrative Duties. (**\$98**)

_____ **Public:** Public supporters not eligible for any of the other categories. (**\$98**)

_____ **Entrant:** Non-tenured faculty, new to AAUP. (4-year limit, at 50% Full-Time dues rate). (**\$66**)

_____ **Retired:** Former member no longer actively employed in higher education (**\$66**)

_____ **Joint:** Second membership in same household (**\$66**)

_____ **Part-Time:** Faculty receiving no more than 50% of the salary of a full-time faculty member. (**\$33**)

_____ **Graduate:** Persons enrolled as graduate students at an accredited institution (5-year limit). (**\$10**)

Annual State Dues (optional)

_____ **Oregon Conference of the AAUP:** Open to all AAUP members in Oregon. (**\$12**)

_____ **Total**

My check (payable to: AAUP) is enclosed for \$ _____

or Please charge \$ _____ to ___ Mastercard or ___ Visa.

Card No. _____

Exp. date _____

Signature _____

National dues may be tax deductible as a charitable contribution except for \$30 attributable to *Academe*. Most conference/ chapter dues are not tax deductible. Please consult your lawyer.

Send your application to: **AAUP, West Coast
15 Shattuck Sq., Suite 200
Berkeley, CA 94704-1151**

National Office
aaup@aaup.org
(800) 424-2973

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