

For Year 2006

**American Association of University Professors Application Form
University of Louisville Chapter**

Please print this page and send it with proper information and remittance to:

Harriette M. Seiler / AAUP
307 Oread Road
Louisville, KY 40207

Be sure to print filled-out form. Do not Save! With free Reader all entries will be lost.

Name

Address

City

State

Zip code

This address is my home work address

Daytime Telephone

Fax

E-mail address

Institution

Academic Field and Rank

Tenured, yes no

Full-time (\$149): Teacher/researcher or similar academic appointment at an accredited college or university.

Retired (\$75): Retired faculty from above.

Entrant (\$75): Non tenured faculty, new to AAUP. (Limit: Four years at 50% Full-time dues rate.)

Part-time (\$38): Faculty receiving no more than 50% of the salary of a full-time faculty member.

Joint (\$75): Couples in the full time category may enroll a 2nd member at the joint rate.

Associate (\$112): Ineligible for other categories such as Administrators and the Public.

Graduate (\$38): Persons enrolled as graduate students (5 year limit.)

Public (\$112): Non-university.

\$ National (All but \$30 for Academe deductible as charitable contribution).

\$ Conference Dues, \$5 (Optional)

\$ Chapter Dues. (Waived for Graduate Students.)

\$ **Total**

My check made payable to AAUP is enclosed for
Please send form for Payroll Deduction

Signature: