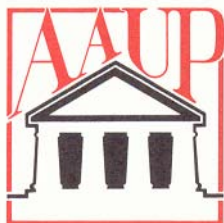


ACTIVE MEMBERSHIP FORM



AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS UC CHAPTER

Payroll Deduction. By my signature on this form, I hereby request and authorize the University of Cincinnati to deduct from my monthly salary in equal installments the annual amount of AAUP dues in accordance with Article 22 of the Collective Bargaining Agreement. AAUP dues are currently three-fourths of one percent (.75%) of base salary. I voluntarily authorize this deduction, which authorization is automatically renewed each September 1 hereafter unless I revoke it by written notice within the first 15 days of August to the AAUP - UC Chapter at 450 Dabney Hall.

Please send this form to ML 0176, Fax it to 556-2048, or drop it off at the AAUP office (450 Dabney Hall).

Print Name _____

Dept./College _____

Office Location _____ Mail Location _____

Email Address _____

Office Phone _____ Alternate Phone _____

Tenure Status (for national AAUP records): Tenured Tenure-track Non-Tenured

Date _____