



AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS
THE UNIVERSITY OF IOWA CHAPTER

MEMBERSHIP FORM

Name: _____

Home address: _____

Department: _____

Rank: _____

E-mail: _____

Please enclose a check for first year dues, payable to University of Iowa Chapter AAUP OR arrange for payroll deduction below.

Monthly Dues:	INCLUDES NATIONAL AND CHAPTER DUES
_____ \$6.00	Faculty members with academic incomes of \$30,000 or less
_____ \$7.42	Members with academic incomes of \$30,001–\$40,000
_____ \$9.42	Members with academic incomes of \$40,001–\$50,000
_____ \$11.34	Members with academic incomes of \$50,001–\$60,000
_____ \$15.17	Members with academic incomes of \$60,001–\$70,000
_____ \$17.60	Members with academic incomes of \$70,001–\$80,000
_____ \$19.67	Members with academic incomes of \$80,001–\$100,000
_____ \$21.50	Members with academic incomes of \$100,001–\$120,000
_____ \$23.50	Members with academic incomes of more than \$120,000

Until further notice, I request monthly **PAYROLL DEDUCTION** for future dues payments.

Signature: _____

Print name: _____

University ID: _____

E-mail: _____ Date _____

Please return this form to: Prof. Loren Glass
Dept. of English
464 EPB
University of Iowa