



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.*

<b>Monthly Dues:</b>	<b>INCLUDES NATIONAL + (\$.84/mo) CHAPTER DUES</b>
_____ \$6.17	Faculty members with academic incomes of \$30,000 or less
_____ \$7.67	Members with academic incomes of \$30,001–\$40,000
_____ \$9.76	Members with academic incomes of \$40,001–\$50,000
_____ \$11.76	Members with academic incomes of \$50,001–\$60,000
_____ \$15.76	Members with academic incomes of \$60,001–\$70,000
_____ \$18.26	Members with academic incomes of \$70,001–\$80,000
_____ \$20.34	Members with academic incomes of \$80,001–\$100,000
_____ \$22.26	Members with academic incomes of \$100,001–\$120,000
_____ \$24.42	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