



AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS
THE UNIVERSITY OF IOWA CHAPTER

MEMBERSHIP FORM

Name: _____

Home address: _____

Department: _____

Rank: _____

E-mail: _____

Please enclose 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
_____ \$5.67	Faculty members with academic incomes of \$30,000 or less
_____ \$7.09	Members with academic incomes of \$30,001-\$40,000
_____ \$8.92	Members with academic incomes of \$40,001-\$50,000
_____ \$10.75	Members with academic incomes of \$50,001-\$60,000
_____ \$14.42	Members with academic incomes of \$60,001-\$70,000
_____ \$16.75	Members with academic incomes of \$70,001-\$80,000
_____ \$18.67	Members with academic incomes of \$80,001-\$100,000
_____ \$20.42	Members with academic incomes of \$100,001-\$120,000
_____ \$22.33	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. Kathy Clark
College of Nursing
434 NB
University of Iowa