



I WOULD LIKE TO JOIN THE AAUP

NOW MORE THAN EVER we need to work together to defend academic freedom, the rights of all faculty, and the quality of higher education.

Please complete this form and mail it to the **AAUP, 555 New Jersey Ave NW, Suite 600, Washington, DC, 20001**. If you have any questions, please email membershipservices@aaup.org. To join or renew online, visit www.aaup.org/membership/join.

This is a new application an application for renewal.

Name
(PLEASE PRINT) FIRST MIDDLE LAST

Institution _____

Tenured? Tenure Track?

Academic Discipline _____ Yes No Yes No

Home Address (required*) _____

CITY STATE ZIP CODE

Work Address _____

CITY STATE ZIP CODE

Email _____ Daytime Telephone _____

Please do not include my name on non-AAUP mailing lists.

Preferred Mailing Address Home Work

*We are required to use home addresses for AAUP election materials.

EMPLOYMENT STATUS *(Check one)*

- Full Time:** Teacher, researcher, or academic professional at an accredited college or university
- Part Time:** Faculty paid on a per-course or percentage basis
- Graduate Student:** Enrolled at an accredited institution within the last five years and not eligible for another active membership category
- Retired**
- Associate:** A nonvoting membership for all other supporters, including administrators and the public

ACADEME SUBSCRIPTION

Yes, I want to receive a print subscription to *Academe*, the magazine of the AAUP. (If you do not check this box, you will receive an online-only subscription.)

PAYMENT TYPE *(Check one)*

Personal Check
My check payable to the AAUP is enclosed for

2024 NATIONAL DUES*

Full-Time	~\$'
Associate	~\$#&
Entrant/Joint/Retired	~# \$
Part-Time/Graduate	~#'

* Rates valid through December 31, 2024 at St John's University in New York only.