



Authorization to Deduct Membership Fee

American Association of University Professors - Cincinnati State Chapter

Name: _____

Division: _____

Campus email: _____

Off-campus email: _____

Office phone #: _____

Off-campus phone #: _____

Off-campus address: _____

Date of Hire (as full-time faculty member): _____

I hereby authorize my employer, Cincinnati State Technical and Community College, to deduct from my paycheck in equal bi-weekly installments each academic year, the amount of three quarters percent (0.0075) of my annual base salary. I further authorize Cincinnati State to transfer the amount of these deductions to the Cincinnati State Chapter of the American Association of University Professors (Cincinnati State AAUP) pursuant to the collective bargaining agreement.

I voluntarily authorize this deduction on a continuing basis, regardless of whether I am or remain a member of the union, for a period of one year from the date of execution and for year to year thereafter, unless I give Cincinnati State's Chief Financial Officer and the Cincinnati State AAUP President written notice of revocation not less than ten (10) days and not more than twenty (20) days before the anniversary date of this authorization.

Signature: _____

Date: _____

Please return the signed form to the AAUP Membership Chair, Jessica Loomis, Health & Public Safety Division, who will forward it to the Cincinnati State Payroll office.