



## 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 #: \_\_\_\_\_ Please indicate type:  Mobile  Home

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 one percent (0.01) 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, Ralph Whaley, Engineering and Information Technology Division, who will forward it to the Cincinnati State Payroll office.