

**American Association of University Professors
2005 Membership Application
CALIFORNIA**

This is a ___ New Application form or an ___ Application for reinstatement.

Name: _____

Preferred mailing address: _____

City: _____ State: _____ Zip: _____

This address is my ___ home ___ work place

Daytime Telephone: (_____) _____ E-mail address: _____

Institution: _____ Tenured?: ___ yes ___ no

Academic Field: _____ Academic Rank: _____

2005 Annual National Dues (check the appropriate category)

- _____ **Full-Time:** Regular academic appointment at an accredited institution (**\$143**)
- _____ **Entrant:** Non-tenured faculty, new to AAUP (4-year limit, at 50% Full-Time dues rate) (**\$72**)
- _____ **Retired:** Former member no longer actively employed in higher education (**\$72**)
- _____ **Joint:** Second membership in same household (**\$72**)
- _____ **Part-Time:** Faculty receiving no more than 50% of the salary of a full-time faculty member (**\$36**)
- _____ **Graduate:** Persons enrolled as graduate students at an accredited institution (5-year limit) (**\$10**)
- _____ **Associate:** Those ineligible for any other membership category, including administrators and the public (**\$108**)

Annual State Dues (optional)

_____ **California Conference of the AAUP:** Open to all AAUP members in California. (**\$8**)

_____ **Total**

My check (payable to AAUP) is enclosed for \$ _____

or Please charge \$ _____ to ___ Mastercard or ___ Visa.

Card No. _____

Exp. date _____

Signature _____

National dues may be tax deductible as a charitable contribution except for \$30 attributable to <i>Academe</i> . Most conference/ chapter dues are not tax deductible. Please consult your lawyer.

Send your application to: **AAUP, West Coast Office
15 Shattuck Sq., Suite 200
Berkeley, CA 94704-1151**