

**Mills College Chapter of the
American Association of University Professors
2004 Membership Application**

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: _____

Tenured?: ___ yes ___ no

Academic Field: _____ Academic Rank: _____

2004 National Dues

(check the appropriate category)

- _____ **Full Professor:** Regular academic appointment at Mills College (**\$140**)
- _____ **Entrant:** Non-tenured faculty, new to AAUP (4-year limit, at 50% Full-Time dues rate) (**\$70**)
- _____ **Retired:** Former member no longer actively employed in higher education (**\$70**)
- _____ **Joint:** Second membership in same household (**\$70**)
- _____ **Part-Time:** Faculty receiving no more than 50% of the salary of a full-time faculty member. (**\$35**)
- _____ **Associate/Public Member:** Those ineligible for other categories of membership (**\$105**)

Annual State Dues

(optional)

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

_____ **Total**

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

Send this application and payment to:

**AAUP, West Coast
15 Shattuck Sq., Suite 200
Berkeley, CA 94704-1151**

National Office
aaup@aaup.org
(800) 424-2973

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(800) 431-3348