



## Payroll Deduction Authorization/ Membership Application

**Name:** \_\_\_\_\_  
 (please print clearly) Last First M.I.

**Department:** \_\_\_\_\_

**Date of Hire:** \_\_\_\_\_

**PSU ID:** \_ \_ - \_ - \_ - \_

**Home/Cell Phone:** \_\_\_\_\_

**Non-PSU Email:** \_\_\_\_\_

**PSU Email:** \_\_\_\_\_ @ pdx.edu

Select One:

- Academic Professional
- Tenure Track (TT)
- Tenured (T)

- Non-Tenure Track Instructional (NTTF-I)
- Non-Tenure Track Research (NTTF-R)
- Fixed Term (FT)

*Choose to become a Member or Voluntary Representation Fee Payer*

Membership (SIGN BOTH SIGNATURE LINES)	OR	Voluntary Representation Fee Deduction
<p><input type="checkbox"/> <b>YES! I choose to be a member of PSU-AAUP, with the right to share in decision making, and the right to vote on all matters, in which PSU-AAUP operates.</b> Membership becomes valid only if Member Dues Deduction is checked and signed below.</p> <p><b>X</b> _____            Signature of Member      <b>REQUIRED</b>      Date</p> <p style="text-align: center;"><b>Member Dues Deduction</b></p> <p><input type="checkbox"/> <b>As a member of PSU-AAUP, I authorize withholding and remittance of member dues.</b></p> <p>Through my signature below I request and authorize the University to deduct from my wages an amount equal to regular member dues, as noticed by PSU-AAUP and in accordance with the CBA Article 10. This authorization shall remain in effect and be irrevocable until the 30-day cancellation period between August 1 and August 30 of the year following the date of this authorization and shall be renewed yearly thereafter unless I notify the Association, in accordance with its Bylaws, of my desire to cancel the deduction of member dues during the next cancellation period.</p> <p><b>X</b> _____            Signature of Member      <b>REQUIRED</b>      Date</p>	or	<p><input type="checkbox"/> <b>I agree to pay voluntary representation fees to PSU-AAUP.</b> I do not wish to be a member of PSU-AAUP, but I support the work and value provided by PSU-AAUP. I want to contribute my share of the costs of bargaining and enforcing the collective bargaining agreement, and PSU-AAUP's work in advocating on behalf of higher education and higher education workers. Voluntary representation fees are the same payroll deduction percentage as member dues.</p> <p>Through my signature below I request and authorize the University to deduct from my wages an amount equal to the regular voluntary representation fees, as noticed by PSU-AAUP and in accordance with the CBA Article 10. This authorization shall remain in effect and be irrevocable until the 30-day cancellation period between August 1 and August 30 of the year following the date of this authorization. This authorization shall renew yearly thereafter unless I notify the Association, in accordance with its Bylaws, of my desire to cancel the payment of voluntary representation fees during the next cancellation period.</p> <p>_____            Signature of Voluntary Representation Fee Payer      Date</p>

Member dues and representation fees cover PSU-AAUP membership; membership in the National AAUP and in the Oregon Conference of the AAUP (AAUP-OR); and, since AAUP is an affiliate union of the American Federation of Teachers (AFT), access to a variety of AFT individual member benefits.

Member dues and representation fees are 1.164% (as of Jan. 1, 2021) of all wages paid monthly. Member Dues and representation fees may increase yearly to cover increases in dues adjustments by our affiliates. Send your completed application to [aaup@psuaaup.net](mailto:aaup@psuaaup.net) or via campus mail to: PSU-AAUP, SMSU 232