**AAUP-UNH MEMBERSHIP FORM**

UNIVERSITY OF NEW HAMPSHIRE RENEWING ***MEMBERSHIP DUES*** DEDUCTION

I authorize the University System of New Hampshire to withhold national and local AAUP membership dues in the amount certified annually by the AAUP-UNH Treasurer, said deduction from salary to be in sixteen (16) equal installments commencing in the fall semester and ending in the spring semester. This authorization will continue in effect unless revoked by me in writing at least thirty (30) days prior to the anniversary date of this authorization.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail completed form to: AAUP-UNH, 328 Nesmith Hall