

United Academics--AAUP/AFT

Application for Membership

First Name _____ MI _____ Last Name _____ Title _____ Department _____ School _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Office Location _____ E-mail _____

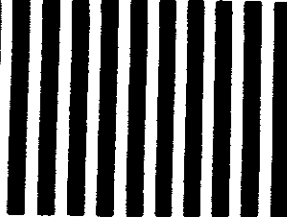
I hereby request and accept membership in United Academics--AAUP/AFT, UPV/AFT. I authorize and direct the University of Vermont to deduct from my pay, while I am employed by the university, an amount equal to the membership dues of the United Academics--AAUP/AFT, UPV/AFT, and to promptly remit the same to the United Academics.

Revocation of membership shall be effective only if I give the university and United Academics--AAUP/AFT, UPV/AFT written notice.

Signature: _____ Date: _____

Full-Time _____
Part-Time _____

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 180 BURLINGTON VT

POSTAGE WILL BE PAID BY ADDRESSEE

UVM UNITED ACADEMICS--AAUP/AFT
PO BOX 948
BURLINGTON VT 05402-9851

