

APPLICATION FOR MEMBERSHIP

I hereby apply for membership in the **Rider University Chapter American Association of University Professors** during my present or in any future employment in a position designated as part of the Rider University AAUP Bargaining Unit.

Please Print: Last Name: _____ First Name: _____ MI: _____

Circle Preferred Title: Prof. Dr. Mr. Mrs. Ms. Miss

Date of Birth: _____ Gender (M/F) _____ *(Please note, AAUP is compiling this information for use during contract negotiations in preparing proposals on faculty benefits.)*

School/College: ___ Athletics (ATHL); ___ Coll. of Business (CBA); ___ Continuing Studies (CCS);

College of Liberal Arts, Science and Education:

___ Sch. of Education (SED) (Grad Ed or Teacher Ed?) ___ Sch. of Liberal Arts (SLAS)

___ ULIB (Moore Library or Talbott Library?)

Westminster College of the Arts:

___ Sch. of Fine Performing Arts (SFPA); ___ Westminster Choir College

Department: _____ Rank: _____

For Athletic faculty only: Please indicate sport. _____

Campus: Lawrenceville ___ Princeton ___ Campus Address: _____

Office Phone #: _____ (please provide full phone number, not just extension)

Campus E-mail: _____ *(AAUP uses Rider email as primary contact address. If Rider email is not your preferred email then please provide alternate email address.)*

My appointment is: Full time ___ Part-time ___ Term: ___ Fall ___ Spring

Date of Hire: _____

Home Address: _____

_____ Phone # _____

Were you previously a member of AAUP? Yes ___ No ___ If yes, where, when and how long? _____

Date: _____ Signature: _____

Bronc ID# (preferred) _____ Social Security: _____ *(Only provide this information if you are also submitting an automatic dues deduction authorization form. Bronc ID# is preferred, if you do not have one yet, then social security number is fine.)*

Updated July, 2017