



American Association of University Professors

Application and Renewal Form

Upon Completion, Please Submit This Form To:

URI / Part-Time Faculty United
c/o Patricia Maguire
Rodman Hall, Room 119
94 West Alumni Avenue
Kingston, RI 02881
(401) 874-4481

PTFU / Contact Information

Name: _____
Address*: _____
City, State, Zip: _____
Phone: _____
Email: _____

*Home address legally required for national AAUP election materials

Payment Information

National Dues: \$48.00

Check (payable to **AAUP**) or Credit Card

Credit Card Type: _____
Name of Card Holder: _____
Card Holders Address: _____
Account Number: _____
Expiration Date: _____ Security Code: _____

I certify that the information provided on this form is correct and hereby authorize AAUP to bill this credit card for National Dues.

Credit Card Holders Authorization Signature

Date