

**UNIVERSITY OF RHODE ISLAND**

**PART-TIME FACULTY UNITED**

**MEMBERSHIP AUTHORIZATION**

I hereby affirm my membership in the *URI Part-Time Faculty United/AAUP* and authorize my employer to withhold from my salary dues as established by the PTFU. This authorization shall remain in effect until further notice.

Name : \_\_\_\_\_ Date: \_\_\_\_\_  
(PRINT)

Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
(Do Not Print)

**PLEASE RETURN TO:**

**URI/PART-TIME FACULTY UNITED  
Rodham Hall RM 119  
94 West Alumni Ave  
University of Rhode Island  
Kingston, RI 02881**