

**AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS  
AUTHORIZATION FOR DUES/SUPPORT FEE DEDUCTION FOR FULL-TIME FACULTY**

Check one box:       Full AAUP Chapter Membership \*       Voluntary Collective Bargaining Support Fee (\$170/year; \$8.50/paycheck)

Status Change (Current AAUP Member to Support Fee Payee)      Status Change (Current Support Fee Payee to AAUP Member)

Discontinue All Dues/Support Fee Deductions

<i>Please Print</i> Name		
"M" Number		
E-Mail Address		
Campus	<input type="checkbox"/> Rockville      Takoma Park/Silver Spring <input type="checkbox"/> Germantown <input type="checkbox"/> Other _____	
Department		
Date of Hire		
Mailing Address	<i>*Required for AAUP Membership</i> <u>HOME</u>	<u>CAMPUS</u>
Address Line One		
Address Line Two (Optional)		
City		
State		
Zip Code		
Telephone Number		

I, the undersigned, authorize Montgomery College to deduct from my salary, and to remit to the Montgomery College, Chapter of the American Association of University Professors ("Chapter") during the academic year, the annual dues/support fee established by the Chapter, as noted in the chart below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

All parties agree that this document may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

<b>*Annual Dues, by Base Salary Range</b>				
<b>(56-60) \$256</b>	<b>(76-80) \$342</b>	<b>(96-100) \$428</b>	<b>(116-120) \$514</b>	
<b>(61-65) \$277</b>	<b>(81-85) \$364</b>	<b>(101-105) \$450</b>	<b>(121-125) \$536</b>	
<b>(66-70) \$299</b>	<b>(86-90) \$385</b>	<b>(106-110) \$472</b>	<b>(126-130) \$558</b>	
<b>(71-75) \$320</b>	<b>(91-95) \$407</b>	<b>(111-115) \$493</b>	<b>(131-135) \$579</b>	

*Please send completed forms through campus mail to:  
Michael LeBlanc, AAUP Treasurer, [michael.leblanc@montgomerycollege.edu](mailto:michael.leblanc@montgomerycollege.edu)*