

AAUP-AFT
American Association of University Professors-American Federation of Teachers
WAYNE STATE UNIVERSITY CHAPTER

AFFILIATION STATUS FORM

CHECK ONE: New Member Reinstatement of Membership Fair Share Fund Contributor
(Scholarship or Research)

Address preferred for mailings from National Affiliates (AAUP and AFT): Home Office

NAME: _____ Hire Date: _____ (or reinstatement date)

College, School or Division _____ Banner Number #: _____

Department _____ WSU Access ID#: _____

CAMPUS ADDRESS _____ HOME ADDRESS _____

_____ City _____

Campus Phone _____ State, Zip _____

Campus Email _____ Home Phone _____

_____ Home Email _____

Present Rank (Advisor, Assoc. Prof., etc.) _____

Signature _____ Date: _____

Mail this *Affiliation Status Form* & the *Authorization for Payroll Deduction Form* to:

AAUP-AFT
5057 Woodward, Suite 3301
Detroit, MI 48202
CAMPUS

Or Fax the forms to the union office:

313.577.8159

If you have any questions please contact the union office via email at aaupaft@wayne.edu
or call during business hours at 577-1750.

For Office Use Only:

Date Forms Received _____

Date Entered _____

Date Submitted _____