

JOIN

NEVADA FACULTY ALLIANCE
AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS

nfa - aaup

THESE ARE EXTREMELY CHALLENGING TIMES for academia. Now, more than ever, we need to work together to defend shared values and the quality of higher education.

YES, I WOULD LIKE TO JOIN THE NFA-AAUP

Please contact us with any questions:

E-mail: admin@nevadafacultyalliance.org • Call: (702) 530-7199 • On-line: nevadafacultyalliance.org

This is a new application an application for renewal

Name _____

(PLEASE PRINT) FIRST MIDDLE LAST

NSHE ID OR SS# _____

Institution _____

Academic Discipline _____ Tenured? Yes No Tenure Track? Yes No GA/TA Yes No

Home Address (required*) _____

CITY STATE ZIP CODE

Work Address _____

CITY STATE ZIP CODE

Non-Work Email _____

Work Email _____

Cell Home Office

Please do not include my name on non-NFA-AAUP mailing lists.

Preferred Mailing Address Home Work

*We are required to use home addresses for AAUP elections materials. The AAUP journal, *Academe*, will also be shipped to your home address.

ANNUAL DUES	ACADEMIC INCOME
<input type="checkbox"/> \$10.00 per month	Up to \$29,999
<input type="checkbox"/> \$20.00 per month	\$30,000–\$39,999
<input type="checkbox"/> \$33.00 per month	\$40,000–\$59,999
<input type="checkbox"/> \$39.00 per month	\$60,000 or greater

EMPLOYMENT STATUS

(Check all that apply):

- Full Time:** Teacher, researcher, or academic professional at an accredited college or university
- Part Time:** Faculty paid on a per-course or percentage basis
- Graduate Student:** Enrolled at an accredited institution within the last five years and not eligible for another active membership category
- Emeritus and Retired:**
- Associate:** A nonvoting membership for all other supporters, including administrators and the public

Members who are ineligible for payroll deduction may complete application and process payment on-line at nevadafacultyalliance.org.

Contact admin@nevadafacultyalliance.org with any questions.

POLITICAL ACTION COMMITTEE CONTRIBUTION:

- Yes, I will contribute to NFA's Political Action Committee at the following level:
Monthly automatic renewal (recurring payments)
- \$5 \$10 \$15 \$20 \$25
- Other \$ _____

I hereby authorize my employer to deduct from my salary and pay to the NFA-AAUP, in accordance with the agreed payroll deduction and amounts listed above, the professional dues for the current membership year and each year thereafter. Dues changed because of an increase in gross annual income shall not require additional signature. I may terminate my membership at any time by giving written notice to my campus payroll office and by sending e-mail notice to the NFA-AAUP at admin@nevadafacultyalliance.org. I understand that notice given after the fifth day of the month will not be in effect until the first day of the following month.

Signature _____

Date _____

PAC contributions are not tax deductible.

