

Dues Deduction Authorization Form

Name: _____

Department: _____

I hereby authorize the deduction of union dues from my paycheck. (one twenty-fourth of the annual dues will be deducted each pay period). This authorization shall remain in effect until such time as I submit a change to the AAUP.

Signature: _____ **Date:** _____

Please return this form directly to: AAUP Office, Room 133 – Social Work Building, Adelphi University, Garden City, New York, 11530.