



**AAUP-BHSNJ**

Rutgers Biomedical and Health Sciences

# AAUP-BHSNJ VOTING MEMBER APPLICATION

AAUP-BHSNJ has fought hard for:

- Clinical and Extramural Incentives
- Salary Increases
- The Preservation of Medical Leave

However, we need your help to restore the faculty's voice and dignity at Rowan SOM. We need your support as a **Voting Member** in the upcoming contract negotiation for the new AAUP-BHSNJ collective bargaining agreement, negotiating salary increases, addressing compression equity, and protecting your jobs and benefits.

**If you have not signed this form, you are currently paying nothing and are shifting the cost of the Association on to your colleagues.** Voting Members also have a say in leadership elections and on the compensation plan the Association negotiates. Most importantly, it shows we have your support in building a better Rowan SOM

**To become a Voting Member of the AAUP:** Fill out the form below. Once completed, SCAN and EMAIL form to Amy Hale (Membership Engagement Coordinator) at [membership@aaupbhsnj.org](mailto:membership@aaupbhsnj.org). If you would like to return the form IN PERSON, contact Amy at (732-213-7125).

### Payroll Deduction Authorization

PLEASE PRINT CLEARLY (fill in all information):

**NAME:** \_\_\_\_\_  
(Last) (First) (MI)

**HOME ADDRESS:** \_\_\_\_\_  
(Street) (City/State) (Zip)

**OFFICE PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**RANK:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_

**PERSONAL EMAIL:** \_\_\_\_\_

**WORK EMAIL:** \_\_\_\_\_

**EMPLOYMENT START DATE:** \_\_\_\_\_

I hereby authorize my AAUP Chapter to deduct from my paycheck (\$33.00) per pay period for voting member dues.

This authorization shall remain in effect unless terminated by me upon written notice of withdrawal. Such withdrawal procedure will follow New Jersey state law and any applicable policies/bylaws.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_