



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@aaubhsnj.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 the amount currently certified by the AAUP Chapter Council for voting member dues and consistent with state law.

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 _____