



**AAUP-BHSNJ  
VOTING MEMBER APPLICATION**

**AAUP-BHSNJ has fought hard for:**

- Clinical and Extramural Incentives
- Merit Pay Increases
- Tuition Remission
- A Higher Cap for the 401(a)
- The Preservation of Tenure in School Bylaws

However, we need your help to restore the faculty’s voice and dignity at RBHS. We need your support as a **Voting Member** in the upcoming contract negotiation for the new AAUP-BHSNJ/Rutgers University collective bargaining agreement, negotiating salary increases, addressing compression equity, promoting ability to change academic tracks, and protecting your jobs and benefits following the proposed RWJ/Barnabas privatization.

**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 RBHS.

**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).

**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. (The dues rate is three-quarters of 1%, i.e. 0.75%, of salary across 26 paychecks, up to a maximum of \$69/paycheck for faculty who make \$240,000 per year or higher.)

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 the AAUP-BHSNJ drop policy.

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