

Affiliated Faculty of Emerson College / AAUP
www.emersonafec.com

Membership Form and Dues Deduction Authorization

Name _____

Department _____

Email Address _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone # _____

Cell Phone # _____

Payroll Deduction Authorization Agreement

As a member of the Affiliated Faculty of Emerson College and pursuant to section 7.5 of the collectively bargained contract, I hereby authorize and request the Emerson College Payroll Department to deduct from my salary the AFEC annual dues as established by the Affiliated Faculty of Emerson College-AAUP—half the annual dues in December, and half the annual dues in April. This authorization will continue from year to year until I submit, in writing, a notice of revocation of this authorization to AFEC/AAUP and to the Office of Human Resources, or until the expiration of the collective bargaining agreement, whichever occurs sooner.

This form must be returned to AFEC-AAUP for processing, which will then deliver it to the Emerson College Human Resources Department/ Attention: Payroll.

Sign and send via email to randy_harrison@emerson.edu

Member's Signature

Date