

AAUP-AFT
American Association of University Professors-American Federation of Teachers,
Local 6075
WAYNE STATE UNIVERSITY CHAPTER

AFFILIATION STATUS FORM

CHECK

ONE: New Member _____ /Reinstatement of Membership _____ /Voluntary Fair-Share Agency Fee _____

Address preferred for mailings from National Affiliates (AAUP and AFT): Home Office

Name _____	Hire Date: _____ (or reinstatement date)
College, School or Division _____	Banner Number # _____
Department _____	WSU Access ID # _____
Campus Address _____	Home Address _____
_____	City _____
Campus Phone _____	State, Zip _____
Campus Email _____	Home Phone _____
_____	Cell Phone _____
Present Rank (Advisor, Assoc. Prof., etc.) _____	Non-Wayne Email _____

Mail this *Affiliation Status Form* & the *Authorization for Payroll Deduction Form* to:

AAUP-AFT, Local 6075
5057 Woodward, Suite 3301
Detroit, MI 48202
CAMPUS

Or, you may **fax** (313.577.8159) or email (**office@aaupaft.org**) forms to the Union Office.

If you have any questions, please contact the **Union Office** during regular business hours (M-F 9:00 a.m.-5:00 p.m.) at **313.577.1750** or e-mail to **office@aaupaft.org**.

For Office Use Only:

Date Forms Received _____

Date Entered _____

Date Submitted _____