

**Mills College Chapter of the  
American Association of University Professors  
2005 Membership Application**

This is a \_\_\_ New Application form or an \_\_\_ Application for reinstatement.

Name: \_\_\_\_\_

Preferred mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This address is my \_\_\_ home \_\_\_ work place

Daytime Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Tenured?: \_\_\_ yes \_\_\_ no

Academic Field: \_\_\_\_\_ Academic Rank: \_\_\_\_\_

**2005 National Dues**

(check the appropriate category)

- \_\_\_\_\_ **Full Professor:** Regular academic appointment at Mills College (**\$143**)  
\_\_\_\_\_ **Entrant:** Non-tenured faculty, new to AAUP (4-year limit, at 50% Full-Time dues rate) (**\$72**)  
\_\_\_\_\_ **Retired:** Former member no longer actively employed in higher education (**\$72**)  
\_\_\_\_\_ **Joint:** Second membership in same household (**\$72**)  
\_\_\_\_\_ **Part-Time:** Faculty receiving no more than 50% of the salary of a full-time faculty member. (**\$36**)  
\_\_\_\_\_ **Associate Member:** Those ineligible for any other membership category, including administrators and the public (**\$108**)

**Annual State Dues**

(optional)

\_\_\_\_\_ **California Conference of the AAUP:** Open to all AAUP members in California (**add \$8**)

\_\_\_\_\_ **Total**

My check (payable to AAUP) is enclosed for \$ \_\_\_\_\_

Send this application and payment to:

**AAUP, West Coast  
15 Shattuck Sq., Suite 200  
Berkeley, CA 94704-1151**

National Office  
aaup@aaup.org  
(800) 424-2973

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