NJIT PROFESSIONAL STAFF ASSOCIATION

A CHAPTER OF THE AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS

Dues Deduction Authorization

Name (print): _____

Last **First** **Middle**

Preferred Mailing Address: _____

_____

_____

Department: _____ Rank/Title _____

Tenured: ❑Yes ❑No

Social Security #
(last 4 digits ONLY): XXX - XX - ___ ___ ___ ___

-OR-

NJIT Employee ID: _____

I hereby designate the NJIT-Professional Staff Association/American Association of University Professors as my exclusive agent and representative in accordance with the Chapter 303, public laws 1968 of the State of New Jersey. Please consider this your authority to deduct from each of my paychecks one half of the monthly Association dues in accordance with the dues schedule approved by the majority of the membership of the Association. This authorization shall remain in effect from year to year or by termination of my employment. The filing of notice of withdrawal shall be effective to deductions as of July 1st next, succeeding the date on which notice of withdrawal is filed.

Signed_____ Date_____

Completed forms may be returned through
inter-office mail to the
PSA/AAUP office, 252 Colton Hall
Or scan a signed copy and return it to psa@njit.edu