



AAUP

American Association of University Professors

Academic Freedom for a Free Society

North Central State Faculty Association

A Chapter of the AAUP

North Central State Faculty Association – American Association of University Professors

NCSFA-AAUP Payroll Deduction Consent Form

I, the undersigned, hereby authorize and request North Central State College to deduct from my bi-weekly salary the regular dues as established by the North Central State Faculty Association - American Association of University Professors Chapter (NCSFA-AAUP). This authorization will continue from year to year until my employment is terminated or until I submit a written notification of revocation to NCSFA-AAUP and to the Payroll Department. Deduction is authorized to begin on the next possible pay date following submission of this form.

Name (please print): _____

Signature: _____

Date: _____