



**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: \_\_\_\_\_