

**ASSOCIATION OF OREGON FACULTIES
MEMBERSHIP PLEDGE CARD**

Name: _____

Social Security #: _____

Institution: _____ Dept: _____

Mailing Address: _____

Phone: _____

Email: _____

Please send your pledge card, along with your check to AOF,
740 Oakway Cir, Ashland, OR 97520. If you have questions
call (541) 552-6578, or kyates@sou.edu.

Basic member dues are \$90 annually. Higher contributions are greatly appreciated. You can pay by check or have your contribution deducted from your paycheck.

I prefer to make my payment by check. My check for \$ _____ is enclosed. Please make checks payable to AOF.

I authorize _____ (institution) payroll department to deduct \$ _____ PER MONTH for _____ MONTHS EACH YEAR from my salary until I give written notice to the payroll office to stop.

\$7.50 per month for those on a 12 month contract

\$9.00 per month for those on a 10 month contract

\$10.00 per month for those on a 9 month contract

Signature _____ Date _____

05/2010

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