

# The Faculty Association of Monmouth University

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First Name

Middle Name

Last Name

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Home Address

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Home/Cell Phone

Office Phone

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Email Address

Department

**Please select status:**

Tenured

\_\_\_\_\_

Specialist

\_\_\_\_\_

Tenure-track

\_\_\_\_\_

Instructor

\_\_\_\_\_

Lecturer

\_\_\_\_\_

Other

\_\_\_\_\_

**DUES DEDUCTION AUTHORIZATION:**

I hereby certify that Monmouth University is authorized to deduct the dues of 3/4 of 1% of my base pay for the academic year, paid in ten equal deductions beginning with the first pay period in November, from my salary. This authorization shall be continuous, except for periods when one is a department chair or administrator. Membership will resume when faculty member returns to the collective bargaining unit.

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Signature

Date

**Please return this *signed* form to:**

***Johanna Foster, Associate Professor, Department of Political Science & Sociology***

**—or—**

**Type in your name and date, save the form and email it to Johanna Foster, FAMCO President, at [jfoster@monmouth.edu](mailto:jfoster@monmouth.edu).**