



Higher Education Needs Your Support!

Join the Nevada Faculty Alliance

Membership Application

First Name: _____ Last Name: _____

Institution: _____ Department: _____

Title: _____

Institutional email address: _____ Institutional mail stop: _____

Personal email address: _____ (for NFA website login and emails, shared only with AAUP)

Personal mailing address (required for AAUP membership):

Street: _____

City: _____ State: _____ Zip Code: _____

Work phone: _____ Cell phone: _____

Check all that apply: Tenured Pre-Tenure Non Tenure Track
 Academic Faculty Administrative Faculty Associate Member (Administrators/Executives)

Membership Levels (*select one*, includes national AAUP membership dues and AAUP collective bargaining dues)

\$24/month Basic Membership for CC Instructors, Assistant Professors, rank O(I) and O(II) lecturers and research faculty, and range A, B, or C administrative faculty.

\$34/month Regular Membership for CC Professors, Associate and full Professors, rank O(III) and O(IV) lecturers and research faculty, and range D or E administrative faculty.

\$44/month Sustaining Membership for members who wish to support NFA at a higher level. Faculty with salaries above \$100K are encouraged to become sustaining members.

Additions

\$5 \$10 \$15 \$20 \$25 or \$_____ NFA Political Action Committee Contribution
(Voluntary monthly contribution to the NFA-PAC fund for political engagement. Not tax deductible.)

\$5 \$10 \$15 \$20 \$25 or \$_____ Additional monthly contribution to NFA

----- **-NFA/NSHE payroll deduction authorization** -----

\$_____ monthly payroll deduction (add amounts checked on membership application form)

I hereby authorize the Nevada System of Higher Education to deduct from my salary and to pay to the Nevada Faculty Alliance (NFA) the agreed monthly payroll deduction amount listed above as NFA professional dues for the current membership year and each year thereafter. This authorization supersedes any previous payroll deduction for NFA. I may terminate my membership at any time by giving written notice to my campus payroll office and by sending e-mail notice to the NFA at admin@nevadafacultyalliance.org.

Print employee name _____ NSHE employee number _____

Signature _____ Date _____

Routing: Member gives signed form to Chapter chair or membership committee. Chapter sends copy to admin@nevadafacultyalliance.org. State NFA office submits deduction form (lower portion) to NSHE payroll office.