



**ALL U.P. ACADEMIC EMPLOYEES UNION (AUPAEU)
University of the Philippines Diliman Chapter**

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2011-2013**

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Date: _____

APPLICATION FOR MEMBERSHIP

I hereby apply for membership with the ALL U.P. ACADEMIC EMPLOYEES UNION. I will abide by the Union's Constitution and By-Laws and actively exercise my duties and responsibilities as a member.

NAME: _____		
FAMILY NAME	FIRST NAME	MI
SIGNATURE: _____		
COLLEGE/UNIT: _____		
JOB POSITION: _____		YRS OF SERVICE _____
CONTACT NO: _____		EMAIL ADDRESS: _____
ADDRESS: _____		

COMMITTEE MEMBERSHIP (PLS CHECK)

- | | |
|--|---|
| <input type="checkbox"/> ORGANIZATION AND MEMBERSHIP | <input type="checkbox"/> RESEARCH AND EDUCATION |
| <input type="checkbox"/> GRIEVANCE AND NEGOTIATION | <input type="checkbox"/> PUBLIC AFFAIRS AND CAMPAIGNS |
| <input type="checkbox"/> FINANCE | <input type="checkbox"/> WOMEN AND GENDER |
| <input type="checkbox"/> HEALTH AND HOUSING | |

MONTHLY UNION DUES

The monthly dues of members of the AUPAEU, as stated in Article XI of the "Constitution and By-Laws of the ALL-UP Academic Employees Union" (amended on April 3-4, 2008 during the Third General Assembly) amounts to 0.2% of a member's gross basic salary.

I AM AUTHORIZING THE CHECK OFF OF 0.2% FROM MY BASIC SALARY AS MY MONTHLY UNION DUES

NAME AND SIGNATURE _____

Please return this form to your college/unit coordinator. A duplicate copy and an acknowledgement will be issued to you.

ACKNOWLEDGEMENT:

Received by: _____
Signature: _____
Unit/College: _____
Date: _____