

ASSOCIATION OF OREGON FACULTIES MEMBERSHIP PLEDGE CARD

Name: _____

Social Security #: _____

Institution: _____ Dept: _____

Address: _____

Phone: _____

Email: _____

Please send your pledge card, along with your check to AOF,
P.O. Box 12945, Salem, OR 97309. If you have questions call
(503) 363-7084, or email pacounsel@pacounsel.org.

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 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 _____