

**Weingarten Rights**

*"If this discussion could in any way lead to my being disciplined or terminated, or affect my personal working conditions, I respectfully request that my union representative or steward be present at the meeting."*

**NLRB v. J. Weingarten (1975)**



American Association of University Professors

**MEMBER NAME**

Email: [Unite@OregonTechAAUP.org](mailto:Unite@OregonTechAAUP.org)  
Website: [OregonTechAAUP.org](http://OregonTechAAUP.org)

**Oregon Tech AAUP MEMBERSHIP CARD**

PLEASE PRINT CLEARLY

<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>
<b>Home Address</b>	<b>City,State</b>	<b>Zip</b>
<b>Cell Phone</b>	<b>Personal Email</b>	
<b>OIT ID#</b>	<b>OIT Email</b>	<b>Position Title</b>
<b>Department</b>	<b>Campus</b>	<b>Office Location</b>

**IMPORTANT: Both signatures and dates below are required for membership.**

**YES, I want to join Oregon Tech AAUP (OT-AAUP)** as a member with full privileges, benefits, and voting rights. I authorize OT-AAUP to act as my exclusive representative in collective bargaining over wages, hours, and other terms and conditions of employment with my Employer. As a member I will be eligible to vote on our constitution, bylaws, and dues rate; to ratify collective bargaining agreements; to run for office; and to vote in officer elections.

\_\_\_\_\_  
**Signature** **Date (MM/DD/YYYY)**

During my employment with Oregon Tech, I hereby voluntarily authorize and direct my employer to deduct from my regular paycheck the appropriate organizational dues, fees, and/or assessments in the amount specified by OT-AAUP and to remit that amount to OT-AAUP as directed by the Association. This agreement to pay dues shall remain in effect and shall be irrevocable unless I revoke it by sending written notice to OT-AAUP during the period no less than thirty (30) days and no more than sixty (60) days before the annual anniversary date of this agreement or as otherwise required by law. This agreement shall be automatically renewed from year to year unless I revoke it in writing during the window period, irrespective of my membership in OT-AAUP.

I understand that signing this card is not a condition of my employment.

\_\_\_\_\_  
**Signature** **Date (MM/DD/YYYY)**

Payments made to OT-AAUP are not deductible for federal income tax purposes.