

APPLICATION FOR REBATE OF MEMBER DUES

Name _____

Department _____

Student ID _____

Academic Year _____

I am not a member of the Coalition of Graduate Employees. As such, I wish to receive the refund of the difference between fair-share and full member dues to which I am entitled. I understand that this applies only to the current academic year, and that I am responsible for renewing this application for each academic year I wish to be refunded the difference between fair-share and member dues.

Signature _____ Date _____