

# Academic Staff Professionals Representation Organization



## Membership Application Form – Retired Member

<b>Name:</b>	
<b>UW Campus of Past Employment:</b>	
<b>Home Address:</b>	
<b>Home Phone:</b>	
<b>Email Address:</b>	

**Will Volunteer?**

YES

NO

*Enclosed, please find twenty-five dollars (\$25) payment to the Academic Staff Professionals Representation Organization. This is payment for a **lifetime membership** as a retired member.*

---

**Signature**

---

**Date**

**Please print and return to ASPRO:**

Via U.S. Mail:  
ASPRO  
10 E. Doty St.  
Suite 519  
Madison, WI 53703

Via Fax: :  
(608) 255-4909

As always, we welcome any questions or comments! (608) 286-9599 [aspro@aspro.net](mailto:aspro@aspro.net)