

Academic Staff Professionals Representation Organization



Membership Application and Authorization Form

Name:	
Title/UW Campus:	
Campus Mailing Address:	
Campus Email Address:	
Campus Phone Number:	
Home Mailing Address:	

Choose ONE of these two payment options:

- Check here to pay monthly through pre-tax payroll deduction. Effective immediately, I hereby request and authorize the University of Wisconsin to deduct .25 of 1% of my monthly salary to provide for payment to the Academic Staff Professionals Representation Organization. This is a continuous authorization from year to year, applying the deduction percentage as authorized by the UW System ASPRO Board. I understand that these deductions may not be tax deductible. The deduction from each salary check issued by the University will remain in effect as long as I am employed by the University, unless terminated by me upon thirty (30) days written notice to the ASPRO Office. **You must include the following information:**

Last four digits of Social Security # AND Birth Date:	OR	UW Person ID Number:
Signature:		Date:

- Check here if you wish to make an annual membership dues payment. Please make the check out to "ASPRO" for \$135. Attach your check to this form and mail to the address below.

This form can be mailed or faxed to ASPRO:

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

Via Fax: :
(608) 255-4909