

# Academic Staff Professionals Representation Organization



## Membership Application and Authorization Form

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

### Choose ONE of these payment options:

- Check here if you wish to make an annual membership dues payment. Please make the check out to "ASPRO" for \$95. Attach your check to this form and mail to the address below.
- Check here to pay monthly through pre-tax payroll deduction. Effective immediately, I hereby request and authorize the University of Wisconsin to deduct .20 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:**

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

### This form can be mailed or faxed to ASPRO:

Via U.S. Mail:  
ASPRO  
10 E. Doty St.  
Suite 403  
Madison, WI 53703

Via Fax: :  
(608) 286-0766

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