

Academic Staff Professionals Representation Organization



Membership Application Form – Retired Member

Name:	
UW Campus of Past Employment:	
Home Address:	
Home Phone:	
Email Address:	

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 403
Madison, WI 53703

Via Fax: :
(608) 286-0766

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