

Academic Staff Professionals Representation Organization



Membership Application and Authorization Form

<i>Name:</i>	
<i>UW Campus/Department:</i>	
<i>Job Title:</i>	
<i>Campus Email Address:</i>	
<i>Campus Phone Number:</i>	
<i>Campus Mailing Address:</i>	

****FOR A LIMITED TIME, ASPRO is offering three months of free membership
OR a reduced annual membership rate.****

Choose ONE of these two payment options:

- Check here to pay monthly through pre-tax payroll deduction. The deduction will begin three months from receipt of membership application. 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. 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 ID Number:
Signature:		Date:

- Check here if you wish to make an annual membership dues payment. Please make the check payable to "ASPRO" for \$135, the limited-time reduced rate. Upon renewal, which is one year from receipt of initial membership application, your annual membership dues payment will return to the normal rate of \$175. Attach your check to this form and mail to the address below.

This form can be mailed, emailed or faxed to ASPRO at:

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

Via Fax:
(608) 255-4909
Via Email:
aspro@aspro.net

As always, we welcome any questions or comments! (608) 286-9599 aspro@aspro.net
Dues payments are not tax deductible