



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 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 salary each pay period 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. For the first year, annual membership dues are reduced to \$135. Upon renewal, which is one year from receipt of initial membership application, you will be invoiced the annual membership dues payment at the normal rate of \$175. Pay via PayPal at <https://paypal.me/UWASPRO> or via Zelle (send funds to "Aspro" or "aspro@aspro.net") and email your completed application to the email below **OR** send a check payable to "ASPRO" via mail with your completed application to the address below.

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

Via Email:
aspro@aspro.net