

MICHIGAN STATE UNIVERSITY
ADMINISTRATIVE PROFESSIONAL SUPERVISORS ASSOCIATION
Voluntary Authorization for Association Dues with Payroll Deduction

Last Name:	First Name:	Middle Initial:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Job Title:	Classification Level:
<input type="text"/>	<input type="text"/>

Department/Unit:	Office Phone:
<input type="text"/>	<input type="text"/>

Office Address (include City & Zip Code only if off campus):

<input type="text"/>
<input type="text"/>

MSU Email:	Zpid or PERNR:
<input type="text"/>	<input type="text"/>

I hereby authorize Michigan State University to deduct from wages earned or the wages to be earned by me the monthly Association dues and to remit the same to the designated financial officer of the Administrative Professional Supervisors Association at such time and in such manner as may be agreed upon between University and the Association.

Consent is additionally hereby given to increase or decrease the specific named sum of dues to that of any amount determined by official action of the APSA Executive Board and/or vote of the membership in accordance with the provisions of their Bylaws.

Association/membership dues, as of June 1, 2019, are \$19 per month.

Employee Signature:	Date:
<input type="text"/>	<input type="text"/>

Please return page via email to: membership@msuapsa.org or bauer@msuapsa.org.

Information collected on this form is for sole use by APSA and MSU Payroll and will not be sold or shared with other parties.

March 2020