

Part I

Authorization for Representation

Michigan State University Administrative-Professional Association (MSU-APA)

*Please print**(All information required for enrollment)*

Last name		First name		Middle initial	Social Security number XXX-XX-
Job title			Grade level	% Employed	Department
Office address					Office phone
Home address			City/State		Zip
<i>Check one:</i> <input type="checkbox"/> Payroll deduction <input type="checkbox"/> Annual cash payment <i>(please fill out bottom portion of form)</i> <i>(you will receive a bill - due upon receipt)</i>					
Annual salary					

I hereby authorize MSU-APA to represent me in all conditions of employment, in accordance with the applicable law.

Signature

*Date***Part II**

Authorization for Payroll Deduction

Michigan State University Administrative-Professional Association (MSU-APA)

Please print

Last name	First name	Middle initial
Social Security number XXX-XX-	Department	

I hereby authorize Michigan State University to deduct monthly membership dues in the MSU-APA and to remit the same to the MSU-APA.

Signature

Date

Home Address