

**Part I****Authorization for Representation****Michigan State University Administrative-Professional Association (MSU-APA)***Please print**(All information required for enrollment)*

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

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*

|                                       |                   |                       |
|---------------------------------------|-------------------|-----------------------|
| <b>Last name</b>                      | <b>First name</b> | <b>Middle initial</b> |
| <b>Social Security number</b> XXX-XX- | <b>Department</b> |                       |

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***Welcome to the APA!**

Please complete this form and return it by any of the following methods:

**Print and mail to:**

Capital Area UniServ

Attn: MSU APA

3474 Alaiedon Parkway, Suite 100

Okemos, MI 48864

**Email to:** msuapa@msu.edu

*\*Dues for full-time employees are \$70 per month.*

*Reduced dues amount may apply to less than full-time employees.*

If you have any questions, please contact the APA at 517-999-4004 or msuapa@msu.edu.

Don't forget to sign up for your new member meeting at the following link:

<https://new2msuapa.acuityscheduling.com/schedule.php>

We look forward to meeting with you!