

**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> 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> <input type="checkbox"/> <b>Annual cash payment</b> <i>(please fill out bottom portion of form)</i> <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*

