

**MEMBERSHIP FORM: Wisconsin Science Professionals, Local 3732**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Phone: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Personal Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to be a member of the Wisconsin Science Professionals and authorize the Wisconsin Science Professionals to represent me to the fullest extent of the law.

I agree to pay dues monthly ($44), quarterly ($132), semi-annually ($264), or annually ($528) to the union.

I acknowledge I can pay dues as a bill pay from my bank account, write a personal check, or set my paycheck to direct deposit the dues amount to the union account. **I acknowledge the dues amount may increase in the future and I will change my payment to the new amount within 30 days of notification from the union.**

Monthly Dues Amount: $44.00

**PLEASE COMPLETE THE FORM, SCAN/TAKE A PICTURE, EMAIL SUBJECT “MEMBERSHIP”, SEND TO:** [**TREASURER@WSPUNION.ORG**](mailto:treasurer@wspunion.org)

* Direct Deposit of Dues Through PeopleSoft -$20.31 deducted from paycheck. (instructions will be provided)
* Bill Payer from bank account or Sending a personal check (Make checks payable to “Local 3732” and mail to: 1420 Folsom Street, Eau Claire, WI 54703)

**UNION CONTACT FOR DUES AND MEMBERSHIP**

Treasurer, 1420 Folsom Street, Eau Claire, WI 54703. 715-559-7098 [treasurer@wspunion.org](mailto:treasurer@wspunion.org)

I authorize AFT-Wisconsin to draft my account each month for the amount indicated above. The monthly dues amount may change if authorized according to the requirements of the local, state, or national constitutions. If this happens, I authorize my bank to adjust my monthly payment when notified by AFT-Wisconsin. I agree this authorization remains in effect until terminated in writing by me. ***(PAYROLL DEDUCTION:****In the event that payroll dues deduction goes back into effect, I hereby authorize the Employer to deduct each payroll period from my wages the membership dues for my local union, AFT-Wisconsin, AFT, in the amount certified by the local. This is a continuous authorization from year to year applying to the then-current dues. This authorization shall remain in effect as long as I am employed by the Employer unless terminated by me upon written notice to my Local. Termination of employment will automatically terminate dues deduction when payroll deduction is in effect.)*  I understand that union dues may not be deductible for federal income tax purposes; however, under limited circumstances, dues may qualify as a business expense.

**I agree to be a member of my union, authorize my union to represent me to the fullest extent of the law, and accept the terms of the agreement above.**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_    **YES, I want to receive important text updates from AFT-Wisconsin. We do not sell your information.**