



WISCONSIN SCIENCE PROFESSIONALS (WSP) MEMBERSHIP APPLICATION – STATE EMPLOYEES

First Name	Initial	Last Name
Home Address	Work Address	
Home City, State, Zip	Work City, State, Zip	
Home Phone	Work Phone	
Home E-mail	Seniority Date (date began permanent employment)	

I understand my membership shall continue for one year from this date and shall be automatically renewed unless I terminate my membership with a written notice to WSP and my employer. This notice must be given at least 30 but not more than 120 days prior to the end of any one-year period. If my seniority date is **after** August 28, 1988, filing this card will not change the amount of my payroll deduction for union dues. If my seniority date is **before** August 28, 1988, I understand that signing this card authorizes the State of Wisconsin to begin payroll deductions each month for union dues.

Signature

Date

rld/opeiu#9/all-cio/010807/MembApp1.pmd

▼ Fold here, tape (do not staple), and mail.

STAMP

**WISCONSIN SCIENCE PROFESSIONALS - LOCAL 3732
C/O AFT-WISCONSIN
6602 NORMANDY LN
MADISON WI 53719-1081**