



## MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

NAME: Last First MI

PHONE: Home Office

HOME ADDRESS: # and Street

INSTITUTION DEPARTMENT

CITY COUNTY STATE ZIP

CAMPUS (if Branch) GENDER

With this card and my signature I hereby accept and agree to maintain membership in accordance with the Collective Bargaining Agreement between APSCUF and the State System of Higher Education (SSHE) of Pennsylvania.

I hereby authorize the SSHE to deduct professional association dues from my paycheck as agreed upon and provided for in the Collective Bargaining Agreement between APSCUF and the SSHE. This authorization shall be valid while I remain in the employ of the State System of Higher Education unless I notify APSCUF and the SSHE in writing that this authorization is revoked. Such notice must be given in accordance with the provisions of the Collective Bargaining Agreement between APSCUF and the SSHE. (Over)

EFFECTIVE Starting with 20\_\_\_\_-20\_\_\_\_\_

SIGNATURE

Academic Year

SOCIAL SECURITY #

Dues paid to APSCUF are not deductible as charitable contributions for federal income tax purposes. Dues paid to APSCUF, however, may qualify as business expenses, and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.

