

Part I

Authorization for Representation
Michigan State University Administrative-Professional Association (MSU-APA)

Form with fields for Last name, First name, Middle initial, Social Security number, Job title, Grade level, % Employed, Department, Office address, Office phone, Home address, City/State, Zip, Payroll deduction, Annual cash payment, Annual salary, and Personal email address.

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)

Form with fields for Last name, First name, Middle initial, Social Security number, and Department.

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 _____

Please check how you heard about APA membership and/or the MEA Early Enrollment Program

- APA Website, APA Event, Board Member / AR Email, On Campus Event, Postcard, Board Member / AR Phone call, MEA Field Office, Other



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
1216 Kendale Blvd
East Lansing, MI 48823

Email to: msuapa@msu.edu

*Dues for full-time employees are \$70/month.
Reduced dues amount may apply to less than full-time employees.

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

Don't forget to sign up for a new member meeting at:
https://new2msuapa.acuityscheduling.com/schedule.php

We look forward to meeting you.