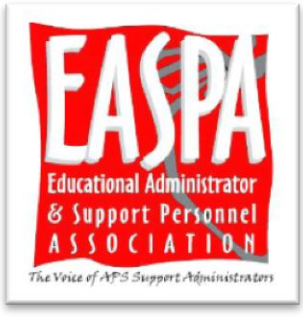

EASPA MEMBERSHIP APPLICATION

(Please complete the entire form)

Last Name First Middle Initial

Address

City State Zip Code

Home Phone Work Phone

Work Location and APS Location #

Job Title E-Mail Address

Dues Payment

I hereby authorize APS to deduct from the compensation due to me (1) deduction per pay period representing EASPA membership dues in the amount of $80.00 per year, $3.33 per pay period for 24 pay periods, certified to the APS Board, in writing, by the EASPA and remitted to EASPA. Payroll deductions will continue unless revoked in writing by me to EASPA and APS Payroll Office not later than 30 days prior to the effective date of revocation. The APS Board assumes no responsibility in connection with the authorized deduction except to act as remitting agent in forwarding the amount deducted to EASPA.

Signature Authorizing Payroll Deduction Date

APS Employee Number

Return to:
Joycelyn Jackson (EASPA Treasurer)
jackson_joy@aps.edu
Language and Cultural Equity
PO Box 25704
Albuquerque, NM 87125-0704