



Professional Support Staff Organization



WESTERN MICHIGAN UNIVERSITY

# 2011/12 PSSO Membership Application

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

Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Mail Stop Code: \_\_\_\_\_ If you are retired, please check here:

Committees you currently serve on: \_\_\_\_\_  
Committees you are interested in: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following two items are optional; we use them to publish your name on the PSSO website.

Seniority Date (Month/Year) \_\_\_\_/xx/\_\_\_\_ Birth Day (Month/Day) \_\_\_\_/\_\_\_\_/xx

Apply for:  2011-12 (1 year: \$8.00)  2011-13 (2 years: \$15.00) *Sorry, no refunds*

Method of Payment:

Check Enclosed for \$\_\_\_\_\_ (Check #\_\_\_\_\_)

Payroll Deduction (\$8)

Payroll Deduction (1 payment of \$15)  Payroll Deduction (2 payments of \$7.50)

**Signature for Payroll Deduction:** \_\_\_\_\_

Employee ID or WIN: \_\_\_\_\_

Mail or Fax completed form to: Barb Peacock  
Mail Stop: 5439, Psychology Department; Fax: (269) 387-4550  
[barb.peacock@wmich.edu](mailto:barb.peacock@wmich.edu)

## Join now and make our voices stronger!