

## MEMBERSHIP APPLICATION Association of Scientists and Professional Engineering Personnel

Name		
First	Middle Name or Initial	Last
Home Phone		Date of Birth
Company Phone		Co. Location (Bldg, fl, cube)
Degree(s)		School(s)
	Home Email	
Employee ID	Company Email	
exclusive representative for		sional Engineering Personnel (ASPEP) to act as my ning with my employer in all matters pertaining to wages, ons of employment.
Date	Council Group No	Signature
Recommended by:		
D	UES DEDUCTION	IAUTHORIZATION
		ct from my pay each week a sum equivalent to my weekly irer of the Association of Scientists and Professional
This authorization shall be notice to both parties.	pecome effective immediately, and	d shall remain in effect until revoked by me in a written
Date	_ Signature _	
Employee ID No.		