



MEMBERSHIP APPLICATION

Association of Scientists and Professional Engineering Personnel

Name _____
First Middle Name or Initial Last

Address _____
Street City & State Zip Code

Home Phone _____ Date of Birth _____

Home Email _____

Company Phone _____ Company Mail Stop _____

Degree(s) _____ School(s) _____

Employee ID _____ Work Email _____

I hereby designate the Association of Scientists and Professional Engineering Personnel (ASPEP) to act as my exclusive representative for the purpose of collective bargaining with my employer in all matters pertaining to wages, hours, and working conditions, and other terms and conditions of employment.

Date _____ Council Group No. _____ Signature _____

Recommended by: _____

DUES DEDUCTION AUTHORIZATION

I, the undersigned, do hereby direct my employer to deduct from my pay each week a sum equivalent to my weekly membership dues, and remit same promptly to the Treasurer of the Association of Scientists and Professional Engineering Personnel. This authorization shall become effective immediately and shall remain in effect until revoked by me in a written notice to both parties.

Date _____ Signature _____

Employee ID No. _____ Section / Dept. No. _____