



Professional Support Staff Organization



WESTERN MICHIGAN UNIVERSITY

09/10 PSSO Membership Application

Name: _____

Department: _____

Phone: _____ Fax: _____

Email: _____

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

Committees you would be interested in serving on:

The following two items are optional; we use them to publish your name in the newsletter.

Seniority Date (Month/Year Only) _____ / XX / _____

Birth Day (Month/Day Only) _____ / _____ / XX

Method of Payment:

_____ Check Enclosed for \$8 (Check # _____)

_____ Payroll Deduction (one-time, \$8 deduction) ***please complete signature line:***

Signature (required for payroll deduction only)

Employee ID or WIN

Mail or Fax completed form to: Jessica Hutchinson

Mail Stop: 5253

Fax: (269)387-4377

jessica.hutchinson@wmich.edu

JOIN NOW AND MAKE OUR VOICES STRONGER!