



WESTERN MICHIGAN
UNIVERSITY

PSSO

Professional Support Staff Organization

Annual Membership Application

\$10 for one-year membership

Name: _____ Date: ____/____/____

Department: _____

Phone: _____ Fax: _____

Email: _____

Mail Stop Code: _____

Teams you currently serve on:

Teams you are interested in:

Seniority Date: (Month/Year) ____/____/____ **Birth Day:** (Month/Day) ____/____/xx

Optional; may be used to recognize membership in communications.

Membership Type:

- ☐ PSSO Member - non-exempt, non-bargaining unit employees
- ☐ Friends of PSSO - exempt, non-bargaining unit employees are encouraged to participate in meetings, teams and events. Friends of PSSO are unable to participate in nominations, run for office, vote in elections or serve on the executive board. (also includes retirees)

Payment (sorry, no refunds): Check one of the four options below.

- ☐ Check Enclosed (*made out to WMU PSSO*) for \$_____ Check #_____ *Please note "PSSO annual membership dues" on the memo line.*
- ☐ Payroll Deduction
- ☐ Cash

Signature required for Payroll Deduction: _____

Employee ID: _____

Send form to:

Shannon Rininger, Miller Auditorium, MS 5344 or email to
shannon.rininger@wmich.edu

For Treasurer/Membership use only: Date Rec'd _____ ***for Fiscal Year*** _____ ***New Hire Y N***