

# Dues Authorization Form

## Alliance of Professional Support Staff

### Grand Valley State University

I hereby authorize Grand Valley State University to deduct bi-weekly union dues, an amount established by the Alliance of Professional Support Staff.

☐ Yes

☐ No

Dues will be deducted from 18 pay periods during the academic year and the amount deducted shall be paid to the Alliance of Professional Support Staff. The deduction will begin in the next available pay period.

\_\_\_\_\_  
\*G#

\_\_\_\_\_  
\*GVSU start date

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
\*Name (Last, First, MI)

\_\_\_\_\_  
\*Department

\_\_\_\_\_  
\*Office Address

\_\_\_\_\_  
\*Office Phone

\_\_\_\_\_  
\*GV Email Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Home/Cell Phone

\_\_\_\_\_  
Personal Email

\_\_\_\_\_  
\*Signature

\_\_\_\_\_  
\*Date

Return to: APSS Membership Director