



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 \_\_\_\_\_

Company Phone \_\_\_\_\_ Company Mail Stop \_\_\_\_\_

Degree(s) \_\_\_\_\_ School(s) \_\_\_\_\_

Employee ID \_\_\_\_\_ Company 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: \_\_\_\_\_

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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. \_\_\_\_\_