

**Please Mail to:  
APSA  
P.O. BOX 248  
HAWTHORNE CA 90250**

### **APSA Membership Application**

**I do hereby apply for membership in APSA and agree to pay dues as voted by the membership. If you want to be billed instead of payroll deductions, fill out the direct billing portion below instead.**

<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Home Phone</b>	
<b>Mailing Address</b>			<b>Zip Code</b>	
<b>Employee No. Phone</b>	<b>Full-time/Part-time</b>	<b>Bldg/Room</b>	<b>Mail Station</b>	<b>Office</b>

#### **Dues Deduction Authorization and Assignment (Payroll Deduction \$3.25/week)**

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

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

**To The Aerospace Corporation (Herein called the Company)**

**You are hereby authorized: To deduct from my salary each week a sum equivalent to the amount which shall have been certified by the Aerospace Professional Staff Association (APSA) as the weekly portion of its regular membership dues. To remit all sums so deducted to the Treasurer of the Association. This authorization may be revoked by giving written notice thereof to the Company and APSA; provided, however, such revocation shall not be effective until the week beginning four weeks after the week in which the Company receives such notice. This authorization revokes any prior authorization.**

#### **Direct Billing (Include no money; you will be billed)**

**Select Billing Period: Quarterly (\$42.25) \_\_\_\_\_, Semi-Annually (\$84.50)\_\_\_\_\_, Annually (\$169.00)\_\_\_\_\_.**

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

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