



WSU Alumni Association Membership Payroll Deduction Authorization

Faculty, administrative/professional, and civil service staff may deduct their membership dues from payroll. Payroll deduction is restricted to permanent employees only.

Name (s): _____

Department: _____

Work telephone: _____

Email: _____

WSU ID Number: _____ Appeal Code: M24064

Signature: _____ Date: _____

Yes, I hereby authorize payroll services to deduct from my paycheck the following (please check only one):

Annual Membership	Individual Annual Membership (\$35 \$31.50)	Joint Annual Membership (\$50 \$45.50)
	<input type="checkbox"/> 5 Payments of \$6.30 (2.5 months) PL	<input type="checkbox"/> 5 Payments of \$9.10 (2.5 months) PO
Life Membership	Individual Life Membership (\$600 \$540.00)	Joint Life Membership (\$825 \$742.50)
	<input type="checkbox"/> 25 Payments of \$21.60 (12.5 Months) PM	<input type="checkbox"/> 25 Payments of \$29.70 (12.5 Months) PP
	Individual Life Membership (\$600 \$546.00)	Joint Life Membership (\$825 \$759.00)
	<input type="checkbox"/> 50 Payments of \$10.92 (24.5 Months) PN	<input type="checkbox"/> 50 Payments of \$15.18 (24.5 Months) PQ
Platinum Life Membership *	Individual Platinum Life (\$1,600 \$1,440.00)	Joint Platinum Life (\$2,000 \$1,800.00)
	<input type="checkbox"/> 25 Payments of \$57.60 (12.5 Months) PD	<input type="checkbox"/> 25 Payments of \$72.00 (12.5 Months) PJ
	Individual Platinum Life (\$1,600 \$1,456.00)	Joint Platinum Life (\$2,000 \$1,820.00)
	<input type="checkbox"/> 50 Payments of \$29.12 (24.5 Months) PE	<input type="checkbox"/> 50 Payments of \$36.40 (24.5 Months) PK

Thank you for your membership! Please return this completed form to WSU Foundation PO Box 641927 Pullman, WA 99164-1927 OR email a digital copy (must contain an official signature) to wsuf.gift.accounting@wsu.edu. You will receive your membership card and packet shortly after the next payday. For questions about membership or benefits, please visit alumni.wsu.edu or call 509-335-6949.

*See the back of the form for additional information pertaining to a Platinum Life membership.

Your name will be added to our Platinum Life Wall of Honor, both in the Lewis Alumni Centre as well as our virtual wall. You will also receive a personalized desk plaque. Please review the guidelines for your inscriptions and write your preference/s into the box below.

- First Name Last Name: Butch Cougar
- First Name Middle Initial Last Name: Butch T. Cougar
- First Name Last Name at Graduation Current Last Name: Butch Meeker Cougar
- May list name similar to: The Cougar, T. Cougar
- May list two middle initials: Butch T. A. Cougar
- May put distinctive initials afterward. IE: Jr., Sr., II, III
- May NOT put credentials. IE: PhD., EdD., Pharm. D., Dr.
- May NOT include class year, nicknames, prefixes, quotations, parentheses, etc.

Your Name:	Joint Name:
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