

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last four of SS# \_\_\_\_\_ Dawg Tag: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Primary Email: \_\_\_\_\_

### Employment Information

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Building: \_\_\_\_\_ Room #: \_\_\_\_\_ Mail Code: \_\_\_\_\_ AIS ID#: \_\_\_\_\_ **Pay Schedule**

Campus Phone Number: \_\_\_\_\_ Campus Email: \_\_\_\_\_  Monthly

Semi-Monthly

Bi-Weekly

### Joint Member Information

(If Applicable)

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last four of SS# \_\_\_\_\_

Is the joint member a SIU Grad?  Yes  No Is the joint member a SIU employee?  Yes  No

### Please Read Before Signing

1. Existing Life Installment members - please contact the Association to establish a payment plan.
2. If you have a pay schedule other than those listed, please contact the Association to establish a payment plan.
3. Please complete a separate form for each payroll deduction.
4. Your membership will be processed when the first payroll deduction is received from the payroll office.
5. The employee may revoke this authorization by submitting a written revocation form to the Association.
6. The employee must notify the Association when there is a change in employment status.
7. In the event of membership fee increase, the Association will notify members enrolled in payroll deduction prior to increase.

**Please complete and sign below indicating your authorization to begin the payroll deduction and your agreement to the terms and conditions.**

I understand that the payment amount selected will be withdrawn each pay period and agree to the terms and conditions of membership. I hereby authorize Southern Illinois University, as an agent of the State of Illinois, to deduct from my earnings and deposit with the SIU Alumni Association, beginning Month \_\_\_\_\_ Day \_\_\_\_\_, Year \_\_\_\_\_ in the amount marked on the back. Return the completed and signed form to Mail Code 6809.

Signature: \_\_\_\_\_

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

# Membership Payroll Deduction Options

Please check the box next to the membership type you want.

## Monthly Pay Schedule Membership Options

Membership Type	Number of Deductions	Amount of Deductions	Total Membership Amount
<input type="checkbox"/> Annual Individual	12	\$3.34	\$40.08
<input type="checkbox"/> Annual Joint/Group	12	\$5.00	\$60.00
<input type="checkbox"/> Life Individual	24	\$31.26	\$750.24
<input type="checkbox"/> Life Joint/Group	24	\$39.60	\$950.40

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## Semi-Monthly Pay Schedule Membership Options

Membership Type	Number of Deductions	Amount of Deductions	Total Membership Amount
<input type="checkbox"/> Annual Individual	24	\$1.67	\$40.08
<input type="checkbox"/> Annual Joint/Group	24	\$2.50	\$60.00
<input type="checkbox"/> Life Individual	48	\$15.63	\$750.24
<input type="checkbox"/> Life Joint/Group	48	\$19.80	\$950.40

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## Bi-Weekly Pay Schedule Membership Options

Membership Type	Number of Deductions	Amount of Deductions	Total Membership Amount
<input type="checkbox"/> Annual Individual	24	\$1.67	\$40.08
<input type="checkbox"/> Annual Joint/Group	24	\$2.50	\$60.00
<input type="checkbox"/> Life Individual	48	\$15.63	\$750.24
<input type="checkbox"/> Life Joint/Group	48	\$19.80	\$950.40