



U DEVILS – Faculty/Staff Alumni – All Ways A Devil!

APPLICATION FORM

Check one:

- Life Membership \$500 \$300 one time
Life Membership \$500 \$300 through payroll deduction (fill out back of form)
Couple Life Membership \$650 \$450 one time
Couple Life Membership \$650 \$450 through payroll deduction (fill out back of form)
Faculty/Staff Annual Membership \$45 \$25 a year
Faculty/Staff Couple Annual Membership \$60 \$40 a year

Name: _____

Spouse name (if couple membership): _____

ASU ID#: _____ Graduation Year: _____ Mail Code: _____

Title: _____ Department: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone (Work): _____ Telephone (Home): _____

E-mail: _____ Business E-mail: _____

I was referred by: _____

I wish to pay by, check one:

- Check (make checks payable to the ASU Alumni Association)
VISA
Master Card
American Express
(Life Members only) Payroll Deduction, please fill out authorization form on reverse of this form.

Credit Card#: _____ Expiration date: _____

Name on card: _____ Signature: _____

Funds will be deposited with the ASU Alumni Association, a non-profit organization that exists to support ASU.

Mail completed form with payment to:

ASU Alumni Association
Mail Code 3702

**Arizona State University Alumni Association
Payroll Deduction Authorization**

Employee Name:	ASU ID:
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Staff _____ Faculty _____ Faculty Pay Options: Academic _____ Fiscal _____
(select one)

NOTE: *Academic Pay Option – Deduction will occur over 15 pays with an active payline.*

Deduction Amount (Circle One): Individual Life	\$ <u>12.50</u> (24 pay periods)
(\$300.00)	OR \$ <u>20.00</u> (15 pay periods)
Couple Life	\$ <u>18.75</u> (24 pay periods)
(\$450.00)	OR \$ <u>30.00</u> (15 pay periods)

I have elected to pay my ASU Alumni Association* Lifetime Membership Fee through payroll deduction. I hereby authorize ASU to withhold from my pay each pay period the amounts as indicated above.

I understand this is an optional payroll deduction that will begin within 1–2 Pay periods from the date the authorization is submitted to the payroll office and will continue until the fee is paid in full. Upon the initiation of my first installment, I will receive a temporary membership card from the ASU Alumni Association. My permanent lifetime membership card will be received upon completion of my pledge. I understand that the payroll deductions will be paid semi-monthly to the ASU Alumni Association and applied to the balance due for my lifetime membership as agreed. Furthermore, I acknowledge that I am entering into an agreement with the Alumni Association, and that ASU is facilitating the payroll deduction only, therefore, any changes to payroll deductions, stop deduction or refund requests will be processed only as approved and directed by the Alumni Association.

NOTE: It is the employee’s responsibility to review their pay stub or advice to confirm the accuracy of established payroll deductions. Notify the Alumni Association immediately if an error is detected and corrections will post to the payroll following notification.

Please return to: Mail Code 3702 Attn: Miki Dadkhah

My signature below authorizes the payroll deduction as indicated above and acknowledges that I have read and agree to the terms and conditions of this payment plan as outlined in this document.

Signature _____ Date _____

Employee Signature required to process request

*ASU Alumni Association is a separate nonprofit organization that exists to support ASU.

ASUAA USE ONLY	BENE ID _____	Campaign _____	Pledge _____
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