



WISCONSIN PUBLIC EMPLOYEE ASSOCIATION

A Division of

LABOR ASSOCIATION OF WISCONSIN, INC.

APPLICATION FORM

(Please Print)

Name:		
Street Address:		
City:	State:	Zip Code:
E-mail Address:		
Phone Number:	Cell Phone Number:	
Employer:		
Job Classification:		
Bargaining Unit:		
I am requesting collective bargaining, which requires 51% participation of the bargaining unit: Yes ____ No ____ (please check one)		
I am requesting fraternal membership in WPEA: Yes ____		

By signing below, I agree to contribute \$60 per year (\$5 per month) to the Wisconsin Public Employee Association (WPEA), prorated as of the first day of the month after your enrollment date.

For example, if you sign this application in March 2015, you would submit a **check made payable to LAW-WPEA** in the amount of \$50 (\$5 x 10 months) for the remaining ten months of 2015. Your check must accompany this application. Until such time as payment is received by WPEA, the benefits of membership do not begin to accrue. Payment for the year 2016 in the amount of \$60 for a full year's membership shall be due December 31, 2015. **Send payments to:**

LAW-WPEA
N116 W16033 Main Street
Germantown, WI 53022

Signature

Date Received

Effective Date: _____