



Membership Form

MISSION

The Student Personnel Association at UW–Madison creates networking and social opportunities within a strong peer environment to strengthen and open paths for individuals interested in the field of student affairs.

BENEFITS

SPA members enjoy the following benefits:

- Fall Reception – annual sponsored event to welcome new members and re-acquaint with campus colleagues.
- Quarterly newsletter, SPA socials, and forum discussions.
- Annual Spring Conference – One day conference on campus.
- Annual Awards Luncheon – honoring campus colleagues nominated and selected for SPA awards.

MEMBERSHIP

The SPA membership includes nearly 200 Student Affairs Professionals in units ranging from Admissions, Financial Aid, Registrar’s Office and Student Academic Affairs to Housing, Offices of the Dean of Students, faculty, staff, students and members of UW administration. The membership fee is \$15.00 (\$10.00 for students/retirees). This fee helps to cover the costs of the fall reception, SPA awards, and quarterly newsletter along with subsidizing the cost of the awards luncheon and annual conference. Please send reply to the address below and consider signing up for payroll deduction (no need to remember anything in the future!)

Join the Student Personnel Association!! (Please Check One)

Please sign me up as a member, cash/check enclosed.

Please sign me up as a member, I’ve signed up for payroll deduction below.

Option for membership through Payroll Deduction for the 2009-2010 Academic Year expires effective 10/1/2009.

Name _____ Title _____

School/College & Dept _____

Campus Address _____

Phone _____ Email Address _____

Payroll Deduction: Effective immediately I hereby request and authorize the University of Wisconsin to make a yearly deduction of \$15 (Fac/Staff) from my salary to provide for a payment to the Student Personnel Association. I understand that this deduction may not be tax deductible. This is a continuous authorization for deduction each year from one salary check issued by the University and will remain in effect as long as I am employed by the University unless terminated by me upon thirty (30) days written notice to the President of SPA.

Signature _____ Soc Sec _____ Date _____

Send forms (and checks payable to SPA) to: Heather Cote, 740A WARF Building, CAMPUS