



Annual Membership Payroll Deduction Authorization Form

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____ Last four digits of SS# _____
 _____ AIS ID# _____
 _____ Street Address _____ City _____ State _____ Zip _____ (Number is found on your SIU Employee ID card)
 _____ Department _____ Campus Phone _____ Mail Code _____ Email Address _____

What is your Pay Schedule?

☐ Monthly (12 months fiscal or prorate 9/12) ☐ Monthly (9 month standard) ☐ Semi-Monthly ☐ Bi-Weekly

Purchasing Membership as a Gift?

(Please choose the membership type below)

 Name of the person to receive gift membership

 Email Address

 Street Address

 City

 State

 Zip

 Phone Number

Individual Annual Membership Plan (1 person; perpetual)

Monthly 12 Deductions

☐ \$3.34 = \$40.08

9 Monthly Contract 18 Deductions

☐ \$2.23 = \$40.14

Semi-Monthly 24 Deductions

☐ \$1.67 = \$40.08

Bi-Weekly 24 Deductions

☐ \$1.67 = \$40.08

Joint Annual Membership Plan (2 people; same residence; perpetual)

Monthly 12 Deductions

☐ \$5.00 = \$60.00

9 Monthly Contract 18 Deductions

☐ \$3.34 = \$60.12

Semi-Monthly 24 Deductions

☐ \$2.50 = \$60.00

Bi-Weekly 24 Deductions

☐ \$2.50 = \$60.00

 Did/does the Joint Member attend SIU? ☐ Yes ☐ No

Please Read Before Signing

1. Please complete a separate form for each payroll deduction.
2. If you have a pay schedule other than those listed, please contact the Association to establish a payment plan.
3. Existing Life Installment members, please contact the Association to establish a payment plan.
4. Your membership will be processed when the first payroll deduction is received by the SIU Alumni Association.
5. The employee may revoke this authorization by submitting a written revocation form to the SIU Alumni Association.
6. The employee must notify the SIU Alumni Association when there is a change in employment status.
7. In the event of membership increases, the SIU Alumni 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I understand that the payment amount selected will be withdrawn each pay period and in the event that membership dues increase, the amount of my payroll deduction will increase according to my membership type. 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 _____, in the amount marked above.

month/day/year

Signature _____ Date _____

If you have any questions, please contact the SIU Alumni Association (618) 453-2408 or email payrolldeduction@alumni.siu.edu.

Return the completed and signed form to Mail Code 6809.