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PROFS, Inc. provides a voice to UW-Madison faculty when working with the Legislature, state officials, federal officials, and the general public. In order to have the greatest impact, we need the support of the entire faculty. Thank you for your support.

Please complete and return this form to PROFS at profs@wisc.edu.

Name of Employee _____

Department _____

In order to activate your deduction, the payroll department requires the following:

- The last four digits of your Social Security number _____
- Your date of birth _____

I hereby authorize the University of Wisconsin to deduct from my salary a voluntary contribution to PROFS, Inc. of one-tenth of one percent of my gross salary for that pay period. This authorization will remain in effect until a notice of cancellation is received by PROFS and forwarded to the UW-Madison Payroll Office.

Signature _____

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