



WNMU-FM
906.227.1300
Northern Michigan University

Name: _____ NMU IN: _____
(Please print legal name)

If this is a joint membership, please list other name: _____

Address: _____

Home Phone: _____ Campus Phone: _____

Email: _____

Employee Classification: _____ Department: _____

Amount to be withheld per pay period: \$ _____

☐ Number of pay periods: _____

OR

☐ Continue until further notice (Sustaining Membership)

Begin donations effective: _____ (date)

Do you wish to receive the FM Preview program guide? _____

Thank you gift: _____

I hereby authorize Northern Michigan University to deduct the above amount from the salary for the pay periods indicated. I direct that these deductions are to be used for:

WNMU-FM

Signature: _____ Date: _____

Please return this form to WNMU-FM, Harden Hall or email pr90@nmu.edu