

WACTE MEMBERSHIP RENEWAL

Please indicate any changes or corrections on this copy

WACTE Number Expiration Date ACTE Number/Exp. Date

Local Association Employer Work Phone

Membership Type Div. Affiliations Professional Setting Code Position

Method of Payment: Check Enclosed Payroll Deduct WACTE Dues: Plus Local Dues:

E-mail Address

WACTE Total Amount Due:

Plus ACTE Dues (Optional):

Total Amount Enclosed:

Date Received:
Check #:
Amount:
Date to ACTE:

Make check payable to: WACTE

Please return this form with your payment to: Your Local Membership Chair or WACTE 518 Potomac Lane, Madison, WI

WACTE COPY

LOCAL COPY OF WACTE MEMBERSHIP RENEWAL NOTICE

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This copy is for your Local Membership Chair

Local Copy

YOUR COPY OF WACTE RENEWAL NOTICE

(See backside for categories and rates)

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Please keep this copy for your records

Thank you for your membership!

Check #
Amount
Date Sent: