

2010 – 2011 Membership Dues Transmittal Form

FULL PAYMENT

Date:	Local:	Local Number:
Local Membership Contact:		Telephone:
Total Members Listed:	Check Number:	Check Amount:

PLEASE INCLUDE RENEWAL FORM WITH PAYMENT. (✓) CHECK BELOW IF NAME OR ADDRESS OR ANY OTHER INFORMATION HAS A CHANGE.

WACTE Number	✓	WACTE Member	Amount/WACTE Dues Submitted	Local Dues (if submitted)	Amount Submitted	Check Number
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
TOTAL:						

WACTE USE ONLY		MEMBERS:		DATE REC'D:	
CK:	AMT:	ACCT 400:		ACCT 206:	ACCT: 207:
TO ACCT:	AMT:	CK:		INV:	