2010-2011 Payroll Deduction Form

WACTE Standard Member ($80.00 each member/year)

Date: (A) Approximate date for next payment: (B)		Payment (C) of (C)
Local: (D)		Local Number: (E)
Local Membership Contact: (F)		Telephone: (G)
Total Members Listed: (H)	Check Number: (I)	Check Amount: (J)

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

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

SAMPLE

The above amounts should be the same for each in this group. <u>All</u> payments should include this same group of members with the same payment amounts.

WACTE USE ONLY	PAYMENT:_____OF_____	MEMBERS:	DATE REC'D:
CK:	AMT:	ACCT 400:	ACCT 207:
AMT:	CK:	Notes:	