

# 2010-2011 Payroll Deduction Form

WACTE Associated Member (\$64.00 each member/year)

WACTE Loyalty Member (\$48.00 each member/year)

Date:	Approximate date for next payment:	Payment _____ of _____
Local:	Local Number:	
Local Membership Contact:	Telephone:	
Total Members Listed:	Check Number:	Check Amount:

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

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

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

<b>WACTE USE ONLY</b>	PAYMENT: _____ OF _____	MEMBERS:	DATE REC'D:
CK:	AMT:	ACCT 402:	ACCT: 207:
LOCAL DUES REIMBURSEMENT DATE:		AMT:	CK: