

2010-2011 Payroll Deduction Form

WACTE Associated Member- \$64 Plus ACTE \$80 (\$144.00 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	✓	Member (name)	Amount WACTE/ACTE 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.					
TOTAL:					

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.

WACTE USE ONLY		PAYMENT: _____ OF _____		MEMBERS: _____		DATE REC'D: _____	
CK: _____	AMT: _____	ACCT 402: _____		ACCT 206: _____		ACCT: 207: _____	
TO ACTE: _____		AMT: _____	CK: _____	TRANS: _____		INV: _____	