

AUTHORIZATION FOR DUES DEDUCTION

I hereby authorize my employer, the Wenatchee School District, to deduct from my salary, and to pay to the Wenatchee Education Association, annual dues of \$20 as directed in the collective bargaining agreement between the Wenatchee School District and the Co-Curricular Employees Association.

I agree that this authorization and assignment shall remain in effect until a signed and dated revocation is received by the Wenatchee Education Association, or I separate from service.

Last four digits of Social Security number: ____ ____ ____ ____
(For payroll accuracy)

Member's name _____
(please print)

Member's signature _____

Date _____

Home email address: _____

Mobile or home phone number: _____