



**WEA**  
WASHINGTON  
EDUCATION  
ASSOCIATION

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**DUES DISTRIBUTION FORM**

Date: \_\_\_\_\_

To: \_\_\_\_\_ (PAYROLL OFFICE) From: \_\_\_\_\_ (LOCAL ASSOCIATION)

Deductions to begin with: \_\_\_\_\_ (PAYROLL DATE) **LIST MONTHLY DEDUCTION ONLY**

SS#	FTE	NAME (Print)	NEA	WEA/ESP	COMMUNITY OUTREACH	UNISERV	LOCAL	NEA FCPE	SPECIAL ASSESSMENT	WEA-PAC	TOTAL
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

PAYROLL WILL ADD TO BILLING  WEA WILL ADD TO BILLING

(SIGNATURE)

**PLEASE RETURN TOP (WHITE) COPY WITH ENROLLMENT FORMS TO:**  
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White — WEA Membership Dept.

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