



WEA
WASHINGTON
EDUCATION
ASSOCIATION

253-765-7105 ♦ Fax 253-765-7110

E-mail: member.records@washingtonea.org

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:
WEA Membership Department • P.O. Box 9100 • Federal Way, WA 98063-9100

MAIL GOLD COPY TO:
Premera Blue Cross • Attn: WEA/APA Membership & Billing
P.O. Box 327 • Seattle WA 98111