

APPENDIX B -- DUES DEDUCTION AUTHORIZATION

Effective _____, I hereby request and authorize you to deduct union dues in the amount established by the Weare Educational Support Staff, AFT Local #6349, AFT-NH, AFL-CIO in equal gross installments. The amount shall be paid to the TREASURER of the Weare Educational Support Staff, AFT Local #6349, AFT-NH, AFL-CIO and represents payment for my union dues. I understand that I may rescind this authorization by written notice to the Union and the Superintendent of Schools or his/her designee between September 1 and September 30 of any year.

NAME _____ DATE _____
(print)

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: _____

POSITION _____

SCHOOL _____

EMAIL _____

SIGNATURE _____ DATE _____