



# Washington Teachers' Union

## Membership Application

(ET-15 & EG-09)

**PLEASE PRINT**

\_\_\_\_\_  
 Last Name                      First Name                      Middle Initial                      GENDER (M/F)                      Date of Birth

\_\_\_\_\_  
 Home Address                      City                      State                      Zip Code

\_\_\_\_\_  
 Home Phone                      School Phone                      Cell Phone

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Job Title                      School/Center                      Grade/Subject

\_\_\_\_\_  
 Status (Temp., Prob., Perm.)                      Hire Date                      Member ID #  
(will be provided by WTU)

"Dues paid to the WTU may not be deductible for federal income tax purposes;  
 however, under limited circumstances, dues may qualify as a business expense."  
 (Place signature in the space provided below. Do **NOT** detach.)

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 GOVERNMENT OF THE DISTRICT OF COLUMBIA  
 OFFICE OF BUDGET & FINANCIAL MGMT.  
 DISTRICT ACCOUNTING PAY SECTION

### AUTHORIZATION OR CANCELLATION OF VOLUNTARY DEDUCTION FOR PAYMENT OF EMPLOYEE ORGANIZATION DUES

**SECTION A - TO BE COMPLETED BY EMPLOYEE. (PLEASE TYPE OR PRINT)**

|                        |     |                             |              |                |
|------------------------|-----|-----------------------------|--------------|----------------|
| Social Security Number | MJC | Name (Last, First, Initial) | Payroll Code | Effective Date |
|------------------------|-----|-----------------------------|--------------|----------------|

I hereby authorize a deduction from my pay each period to be forwarded to the employee organization organizing named herein:

|   |   |
|---|---|
| <u>Name of Employee Organization</u><br><b>WASHINGTON TEACHERS' UNION</b> | <b>FIELD CODE 096</b><br><b>0 2 0 5</b> |
|---|---|

- Check box below:**
- NEW APPLICANT
- CANCELLATION (see NOTE below)

\_\_\_\_\_  
 \*SIGNATURE OF EMPLOYEE                      DATE

**SECTION B - To be completed by employee organization.**

|   |
|---|
| <u>Name of Employee Organization</u><br><b>WASHINGTON TEACHERS' UNION</b> |
|---|

I hereby certify that the regular dues for the above named member are currently established at **\$29.61** (ET-15/EG-09).

**NOTE:** Cancellations will become effective the first full pay period beginning on or after March 1<sup>st</sup> or September 1<sup>st</sup>, whichever date first occurs after this request is received in the Pay & Retirement Division of the Dept. of Finance & Revenue.

\_\_\_\_\_  
 SIGNATURE & TITLE OF AUTHORIZED OFFICIAL                      DATE