

WYOMING PUBLIC EMPLOYEES ASSOCIATION / SEIU LOCAL 1990  
**SCHOOL DISTRICT PAYROLL DEDUCTION AUTHORIZATION**

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Building \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Home Phone \_\_\_\_\_ House District \_\_\_\_\_ Senate District \_\_\_\_\_ Email \_\_\_\_\_

**NOTICE:** WPEA Board Policy requires a 45-day waiting period for grievance/dismissal appeal representation of new members.

Dear Sir:  
 Until such time as you are otherwise instructed by me in writing, you are hereby requested to withhold from my salary each month's membership dues and other designated deductions for the Wyoming Public Employees Association. I hereby authorize the WPEA to be my exclusive bargaining agent.

**X** \_\_\_\_\_  
 Signature

CARD CODE	AGENCY	EMPLOYEE NO.	USER ID	CODE	AMOUNT
1 4 5 6		11 16 17 18		20 22 23	29
<b>RK W Y</b>			<b>3 2</b>	<b>1 A N</b>	