

# Dues Authorization

## Litchfield Support Staff

Name \_\_\_\_\_

Please Print Neatly

The amount of my association/membership dues or representation fee will be paid in the following manner: Check one

\_\_\_\_\_ 1X Deductions - installments paid through payroll deductions beginning in first pay period in \_\_\_\_\_.

I hereby request and authorize the Litchfield School District to deduct dues for NEA, NEA-NH and the LEA in accordance with the procedure set forth in the Master Agreement between the Litchfield Support Staff and the Litchfield School Board.

\_\_\_\_\_ Single Payment with credit card or personal check.

\_\_\_\_\_ EasyPay system (Please provide the information on the attached document)

NEA and NEA-NH total: \_\_\_\_\_ Local Dues: \_\_\_\_\_

Yes — I understand and agree: **1) annual membership dues may change from year to year; 2) dues may be paid annually or incrementally, however, the financial obligation for membership is an annual fee and any cancellation after December 1 will result in a dues obligation for the remaining portion of the year.**

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

GMS: \_\_\_\_\_

LMS: \_\_\_\_\_

CHS: \_\_\_\_\_