



# WOMEN AT METROPOLITAN

## MEMBERSHIP APPLICATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

EMPLOYEE NO.: \_\_\_\_\_ METNET: \_\_\_\_\_ LOCATION: \_\_\_\_\_

GROUP: \_\_\_\_\_ SECTION: \_\_\_\_\_

JOB CLASSIFICATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### MEMBERSHIP TYPE:

\_\_\_\_\_ ANNUAL MEMBERSHIP \$12

\_\_\_\_\_ NEW MEMBER INITIATION FEE \$10\*

### CHECK PAYMENT TYPE:

\_\_\_\_\_ PAY BY CHECK (make check payable to: Women at Metropolitan or WaM)

\_\_\_\_\_ PAY BY PAYROLL DEDUCTION (fill out the attached form)\*

\*New member initiation fee must be paid by check or cash. Payroll deduction is not available.

FORWARD APPLICATION AND CHECK OR PAYROLL DEDUCTION FORM TO:  
Kira Alonzo, US 9-341, Extension: 76489



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## PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize the withholding of my annual membership dues for the (WAM) through payroll deduction until further notice. I understand that \$1.00 will be withheld from the second paycheck of the month, 12 periods a year, which is equivalent to the total annual membership dues of \$12. I further understand that I may discontinue this agreement at any time by notifying the (WAM Treasurer, or President, in writing, that I have canceled my membership in the (WAM).

Please Print

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