



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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