

LAKE WASHINGTON EDUCATION ASSOCIATION

PROFESSIONAL FUND RECEIPT FOR DUES - 2018-19

NAME: _____

ADDRESS: _____

WORK SITE: _____

DUES PAID 6/1/18-8/31/18

FTE	AMOUNT PAID
.76 - 1.0	270.84
.51 - .7	237.03
.26 - .50	141.27
.1 - .25	97.17

If you changed FTE be sure to collect the right amount from the chart. If you were on an unpaid leave or not yet employed by LWSD, you will have nothing to report in this section. If you need assistance, contact the LWEA office at 425-822-3388.

AMOUNT PAID 6/1/18 - 8/31/18: _____

DUES PAID 9/1/18 - 5/31/19

FTE	AMOUNT PAID
.76 - 1.0	835.56
.51 - .7	732.60
.26 - .50	430.92
.1 - .25	296.46

If you changed FTE be sure to collect the right amount from the chart. If you were on an unpaid leave or not yet employed by LWSD, you will have nothing to report in this section. If you need assistance, contact the LWEA office at 425-822-3388.

AMOUNT PAID 9/1/18 - 5/31/19: _____

TOTAL DUES PAID 2018-19: _____

This receipt must be included with your other Professional Fund receipts.

I certify that the information I have submitted to be true and accurate.

Signature: _____ Date: _____

