

APPENDIX A

**WEST DES MOINES EDUCATIONAL SUPPORT PERSONNEL ASSOCIATION
DUES DEDUCTION AUTHORIZATION**

I hereby authorize that my membership in the West Des Moines Educational Support Personnel Association be considered as continuing for this and future years unless and until written notification and dissolution of the Agreement is given by me in the manner prescribed below. I further authorize that any increase in the West Des Moines Educational Support Personnel Association, Polk Suburban UnivServ Unit, Iowa state Education Association dues that may occur from time to time be automatically applied to my payroll deduction payments as agreed to between the WDMESP and the Board of Education of this district.

I hereby request and authorize the Board of Education of the West Des Moines Community School District as my remitting agent, to deduct from my earnings each month until the authorization is changed or revoked as provided herein, a sufficient amount to provide for the monthly payment of the prevailing rate of dues which amount is to be remitted each month for me and on my behalf to the treasurer of the West Des Moines Educational Support Personnel Association, which is an affiliate of the PSUU, ISEA and NEA.

It is understood that this authorization will begin on the first payroll period following this date and will continue through May from the date hereof, and shall thereafter continue for successive periods of one year unless revoked in writing by a thirty (30) day notice to my employer and to said organization. Failure to give written notification absolves the WDMESP and the accounting office from removing my name from the payroll deduction list.

SIGNED _____

DATE _____

SOCIAL SECURITY NUMBER _____

This form should be completed in triplicate. One form should be retained by the signer. Two forms should be sent to the WDMESP membership chairperson, one copy of which will be given to the Secretary of the Board.