THE LABOR ASSOCIATION OF WISCONSIN, INC

Serving Public Employees Throughout Wisconsin



LABOR CONSULTANTS:

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DUES DEDUCTION AUTHORIZATION

I, the undersigned, hereby authorize my employer to deduct from			
my wages each and every month, A	ssociation dues of \$, and		
direct that such amount so deducted	I be sent to the labor		
Association of Wisconsin, Inc., for and on my behalf. The			
authorization shall be irrevocable and shall automatically renew			
itself for successive years unless I give 30 days written notice to the employer and the Association of my desire to change the amount or revoke the dues deduction.			
Signature	Date:		