EDMONDS SCHOOL DISTRICT NO. 15
Lynnwood, WA 98036-7400

ASSIGNMENT OF WAGES FORM FOR RELIGIOUS OBJECTIONS

Name: _____

Address: _____

Assignment: (Position) _____ (Building) _____

To: EDMONDS SCHOOL DISTRICT NO. 15

I, the undersigned, hereby authorize you as my employer to deduct from my salary and pay to the _____ charitable organization representation fees equivalent to the amount of the membership dues certified by the Edmonds Education Association.

I agree that this authorization and assignment shall be irrevocable for the duration of the Procedural and shall be automatically renewed each year thereafter unless written notice of revocation is given by me to you and the Edmonds Education Association between August 1 and August 31 of a given year and further agree that my revocation shall be effective on August 31 of that year.

Signature: _____ Date: _____
Month/Day/Year