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

ASSIGNMENT OF WAGES FORM

Name: _____

Address: _____

Social Security Number _____

Assignment: (Position) _____ (Building) _____

To: EDMONDS SCHOOL DISTRICT NO. 15

I, the undersigned, acknowledge that I am a member of the Edmonds Education Association or am paying an agency fee equivalent to the dues of the Association. I hereby authorize you as my employer to deduct from my salary and to pay to the Edmonds Education Association membership dues or fees in such amounts as the Association may certify as due and owing by me in accordance with its constitution.

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