

MONTHLY DUES SHEET

SCHOOL NUMBER: _____

2153 Richmond Avenue, Suite B-101, Staten Island, NY 10314 (718) 370-0081 / (800) 280-8610 / Fax (718) 370-0821

	Teachers' Names	Check if Part-Time	Union Dues	Agency Shop Fee
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
	SUBTOTALS:			

DUES FOR THE MONTH OF: _____

PRINCIPAL: _____

SCHOOL: _____

ADDRESS: _____

PHONE #: _____

*** * * * * IMPORTANT * * * * ***

PLEASE COMPLETE THIS SECTION:

LIST ANY UNION MEMBERS THAT HAVE LEFT YOUR SCHOOL:

LIST ANY NON-UNION MEMBERS THAT HAVE LEFT YOUR SCHOOL:

LIST ANY TEACHERS THAT HAVE JUST JOINED THE UNION:

LIST ANY TEACHERS OUT ON DISABILITY:

LIST ANY NAME CHANGES:

LIST ANY OTHER CHANGES:

Thank you for your cooperation.

PLEASE PRINT NAME , TELEPHONE NUMBER & BUSINESS ADDRESS OF CONTACT PERSON:

TOTAL: _____

CHECK #: _____

Monthly Dues:

Elementary School (*full-time*): \$36.00 Elementary School (*part-time*): \$18.00 High School (*full-time*): \$37.00 High School (*part-time*): \$18.50
 Agency Shop Fee: same as above