

Southwest Suburban Federation of Teachers, AFT Local 943

DUES REPORT AND PAYMENT

September, 2011 – June, 2012

Council Name: _____

MEMBERS		RATE	AMOUNT OWED	MONTH(S)	
	Paid Last Month	Paid This Month		<input type="checkbox"/>	
Full			\$57.58	<input type="checkbox"/>	September
Half			\$32.01	<input type="checkbox"/>	October
Quarter			\$18.53	<input type="checkbox"/>	November
Eighth			\$11.18	<input type="checkbox"/>	December
				<input type="checkbox"/>	Jan. 2012
				<input type="checkbox"/>	February
				<input type="checkbox"/>	March
				<input type="checkbox"/>	April
				<input type="checkbox"/>	May
				<input type="checkbox"/>	June

Fair Share Fee Payers		RATE	AMOUNT OWED
	Paid Last Month	Paid This Month	
Full			\$57.58
Half			\$32.01
Quarter			\$18.53
Eighth			\$11.182

TOTAL AMOUNT OWED:

Make checks payable to:
SOUTHWEST SUBURBAN FEDERATION OF TEACHERS, AFT LOCAL 943

Mail checks to: Sue Mirabella (put council name on check)



AFT Local 943
 15521 S 70th Ct
 Orland Park, IL 60462-5105

Council Treasurer:

Address:

City, State, Zip:

Home Phone:

check here if change to treasurer info

Please check:

No changes this month to membership

Additions, deletions, name and/or address changes of council members indicated on reverse.

Please delete the following names: (resignation, RIF, retirement, etc.)	Reason for Deletion

Please place the following on a leave of absence:

Please change the name and/or address for the following:

The following HAVE RETURNED from a leave of absence:

Please ADD the following new members: Indicate Dues Category (full, half, quarter or fair share dues) and Job Title (teacher, custodian, nurse, secretary, librarian, bus driver, teacher aide, etc.)

Name:	Email address:		
Address:			
Phone #:	Dues Category:	Job Title:	Work Site:

Name:	Email address:		
Address:			
Phone #:	Dues Category:	Job Title:	Work Site:

Name:	Email address:		
Address:			
Phone #:	Dues Category:	Job Title:	Work Site: