



## Application for WLA Membership

(Please Type or Print)

_____			_____		
Member Name			Company/Organization Name		
_____			_____		
Address (hm)			Address (wk)		
_____			_____		
City	State	ZIP	City	State	ZIP
_____			_____		
Telephone (hm)			Telephone (wk)		
Reinstated Member: Yes _____					
No _____			Registration Fee: <b>\$20.00</b> (New Members Only)		

### Payroll Deduction Authorization

The Wyle Leadership Association (NMA)  
Wyle Integrated Science and Engineering

I hereby authorize Wyle Integrated Science and Engineering to deduct \$7.12 per pay period for Wyle Leadership Association (NMA) local and national dues. This authorization will stay in effect until such time as I withdraw the authorization in writing or my employment with Wyle Integrated Science and Engineering is terminated.

**Printed Name:** \_\_\_\_\_ **Employee No:** \_\_\_\_\_

Pay Period Initiated: \_\_\_\_\_ Chapter Dues: **\$7.12** (per pay period)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form to Wyvette McLendon (Mail code: Wyle/SHEO/W1)**