

RETURN THIS FORM

UTLA - AGENCY FEE/FAIR SHARE FEES

NAME OF TEACHER (Please Print)

EMPLOYEE NUMBER

REQUEST THE FOLLOWING:

_____ membership in UTLA

_____ pay reduced fair share fees only

 X pay reduced fair share fees and object to amount,
criteria, financial reports, etc. and
request arbitration

Date

Signature

This form should be sent or delivered to UTLA, Attn: Sue Cadena, 3303 Wilshire Plaza Boulevard, 10th Floor, Los Angeles, California 90010, to be **received** by UTLA no later than **December 4, 2009**.