

NAME:	GENDER:
BIRTHDATE:	SOCIAL SECURITY NUMBER:
HOME ADDRESS: <u>(Do NOT use school address)</u>	HOME/CELL PHONE NUMBER:
CITY, STATE, ZIP:	Member ID: (Office use only)
HOME EMAIL:	SCHOOL EMAIL:
LOCAL (SCHOOL DISTRICT)	PRIMARY SCHOOL BUILDING:
POSITION:	SUBJECT:

	MEMBER TYPE	MONTHLY DUES		MEMBER TYPE	MONTHLY DUES
	Active Prof. Full Time	\$		Active ESP Full Time	\$
	Active Prof. Part Time			Active ESP Part Time	

**Contact Region7@weac.org for a yearly amount.**

Special Discounts	Yes	No
Are you new to the profession? (This may qualify you for a dues reduction)		
Do you have a Spouse/Domestic Partner also in Region 7? (This may qualify you for a dues reduction) Name: _____ Local: _____		
If your assignment is less than 100%, please indicate the percentage you work _____%		

Please indicate one or more reasons on why you are interested in joining your association.	
<input type="checkbox"/>	I want to be a part of an organization that advocates for public schools.
<input type="checkbox"/>	I want to make sure I am a part of an organization that advocates for fair pay and benefits and a reasonable workload.
<input type="checkbox"/>	I want to take advantage of the professional development opportunities specific to ESP-supporting me in my career.
<input type="checkbox"/>	I want to take advantage of the financial planning seminars.
<input type="checkbox"/>	For representation on employment issues.

**Ethnicity (optional)**

<input type="checkbox"/>	American Indian/Alaska Native	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Black	<input type="checkbox"/>	Caucasian (Not of Spanish descent)
<input type="checkbox"/>	Hispano	<input type="checkbox"/>	Native Hawaiian or other Pacific Islander	<input type="checkbox"/>	Other	<input type="checkbox"/>	Unknown

**The membership year runs from September 1 through August 31**

**Dues payment method (select one):** (NOTE: You may change your pay method with 30 days notice to WEAC Region 7 office)

<input type="checkbox"/>	Electronic Funds Transfer (EFT) from your checking/savings account—complete reverse side
<input type="checkbox"/>	Credit Card Payment—complete reverse side
<input type="checkbox"/>	Personal Check for the full amount (due within 30 days of signature—Make check payable to “WEAC”)



⇒ Please turn sheet over to complete enrollment ⇒

