

NAME:	GENDER:
BIRTHDATE:	LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:
HOME ADDRESS: (Do NOT use school address)	HOME PHONE NUMBER: 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](mailto:Region7@weac.org) for a yearly amount.

Special Discounts	Yes	No	Please indicate one or more reasons on why you are interested in joining your association.	
Are you new to the profession? (This may qualify you for a dues reduction)				I want to be a part of an organization that advocates for public schools.
Do you have a Spouse/Domestic Partner also in Region 7? (This may qualify you for a dues reduction) Name: _____ Local: _____				I want to make sure I am a part of an organization that advocates for fair pay and benefits and a reasonable workload.
If your assignment is less than 100%, please indicate the percentage you work _____ %				I want to take advantage of the WEA Academy to provide quality, needs-based professional development.
				I want to take advantage of the financial planning seminars.
			For representation on employment issues.	

Ethnicity (optional)					
American Indian/Alaska Native		Asian		Black	Caucasian (Not of Spanish descent)
Hispano		Native Hawaiian or other Pacific Islander		Other	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)

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



➡ Please turn sheet over to complete enrollment ➡

TO PAY YOUR DUES VIA ELECTRONIC FUNDS TRANSFER (EFT) FROM YOUR CHECKING OR SAVINGS ACCOUNT, PLEASE COMPLETE THE FORM BELOW.

OR

TO PAY YOUR DUES VIA CREDIT CARD, PLEASE COMPLETE THE FORM BELOW.

eDues will begin on Sept. 10, 2018. Please attach a VOIDED CHECK for verification of bank information.

**Membership Terms and Conditions:** By signing this application I understand and agree that a) membership dues are approved annually by the various Representative Assemblies and may change from year to year; and d) if I wish to discontinue my membership I must do so in writing to my local president/chapter chair/membership chair, building representative, or other union officer in my school district prior to the start of any membership year and, in doing so, I will forfeit my membership in the national, state, regional, and local affiliates and lose the rights, privileges, and benefits of membership. If you do not know your local leadership please contact WEAC Region 7 at Region7@weac.org. I understand that my membership makes WEAC and my local association possible and entitles me to participate in union decisions and activities, and that as a paying member I enjoy all rights and privileges guaranteed by the union constitution.

Contributions to the NEA FCPE, the WEAC PAC, and the Regional PAC are not deductible as charitable contributions for federal income tax purposes. Dues payments are not tax deductible as charitable contributions.

**EFT Dues Authorization:** I hereby authorize the Wisconsin Education Association Council (WEAC) to initiate Electronic Funds Transfers (EFTs) from my bank account indicated below for the payment of my annual dues. I hereby authorize EFT to WEAC the annual dues for the current membership year and each year thereafter on Sept 10 and the amount of my monthly payment is my annual dues obligation divided by 12 months (Sept-Aug) - unless my local has selected a different dues payment schedule. My authorization is in full force and effective until I terminate this agreement by notifying my local president/chapter chair/membership chair, building representative, or other union officer in my school district in writing. I understand my written notification to my local president/chapter chair/membership chair, building representative, or other union officer in my school district must be made 30 days prior in order for this agreement to be changed in any manner. I further agree that if any such withdrawal is dishonored with cause, WEAC shall be under no liability whatsoever if such dishonor results in late charges or fees.

**Political Action Disclaimer:** The NEA Fund for Children and Public Education (NEA FCPE), the WEAC Political Action Committee (WEAC PAC), and Regional PAC are political action committees that collect voluntary contributions from Association members which are used for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for federal and state office. Only U.S. citizens or lawful permanent residents may contribute to these funds. Contributions to the NEA Fund are voluntary; making a contribution is not a condition of membership in the Association and members have the right to refuse to contribute without suffering any reprisal. The NEA FCPE, WEAC PAC, and Regional PAC are subject to regulation by the Federal Election Commission and the Wisconsin Ethics Commission. Federal law requires the NEA FCPE to use their best efforts to collect and report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. State law requires the NEA FCPE, WEAC PAC, and Regional PAC to use their best efforts to collect and report the name and mailing address of all PAC contributors to the Wisconsin Ethics Commission.

**Political Action Rebate:** I may request a refund of my WEAC PAC payment which is used for political activity by writing to WEAC, PO Box 8003, Madison, WI 53708, between Sept 1 and Oct 30, or within 60 days of joining. This information is published annually. Your membership will not be affected by a request for refund. Once a member requests a WEAC PAC rebate, no WEAC PAC dues will be drawn in future membership years unless the member specifically requests in writing to reinstate WEAC PAC dues participation.

**Telephone Consumer Protection Act Consent:** By providing my phone number, I understand that the National Education Association and its affiliates including WEAC, the region, the local association, and NEA360 may use automated calling techniques and/or text message alerts. The National Education Association, WEAC, the region, and the local association will never charge for text message alerts. Email [membership@weac.org](mailto:membership@weac.org) to stop receiving or for more information.

Account Type:  Checking  Savings

Bank Routing Number (9 digit)

Bank Account Number:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment Preference:  One-time charge  Recurring charge on the 10<sup>th</sup> of the month

**Credit Card Authorization:** I hereby authorize the Wisconsin Education Association Council (WEAC) to initiate a debit entry to my credit card as indicated below for the payment of my annual dues. My authorization is in full force and effective until I terminate this agreement in writing to my local president/chapter chair/membership chair, building representative, or other union officer in my school district. I understand my written notification to my local president/chapter chair/membership chair, building representative, or other union officer in my school district prior to the start of any membership year and, in doing so, I will forfeit my membership in the national, state, regional, and local affiliates and lose the rights, privileges, and benefits of membership. If you do not know your local leadership please contact WEAC Region 7 at Region7@weac.org. The amount of my monthly payment is my annual dues obligation divided by 12 months (Sept-Aug) unless my local has selected a different dues payment schedule. I further agree that if any such withdrawal is dishonored with cause, WEAC shall be under no liability whatsoever if such dishonor results in late charges or fees.

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**Membership Terms and Conditions:** By signing this application I understand and agree that a) membership is annual beginning Sept 1; b) membership is for an entire year and renews annually thereafter; c) membership dues are approved annually by the various Representative Assemblies and may change from year to year; and d) if I wish to discontinue my membership I must do so in writing to my local president/chapter chair/membership chair, building representative, or other union officer in my school district prior to the start of any membership year and, in doing so, I will forfeit my membership in the national, state, regional, and local affiliates and lose the rights, privileges, and benefits of membership. If you do not know your local leadership please contact WEAC Region 7 at Region7@weac.org. I understand that my membership makes WEAC and my local association possible and entitles me to participate in union decisions and activities, and that as a paying member I enjoy all rights and privileges guaranteed by the union constitution.

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Account Type:  MasterCard  Visa  Discover  American Express

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_