



2019-2020 WEAC MEMBERSHIP FORM



Please print clearly. All information is confidential.

Name (Last, First, Middle Initial):		Last 4-digits of SSN:	Birthdate:
Ethnicity:	Gender:		Cell Phone:
Home E-mail:		Home Phone:	
Home Address:		Home City/State/Zip:	
Local Association Full Name:		Worksite:	
Work Email:		Position/Subject Taught:	

Membership Year: September 1, 2019 through August 31, 2020 - **MONTHLY DUES PAYMENTS:**

✓	MONTHLY DUES	MEMBER TYPE - TEACHER	✓	MONTHLY DUES	MEMBER TYPE - SUPPORT STAFF
		Active Professional Full Time (100%-51%)			Active Educational Support Staff Full Time (100%-51%), 2080-1041 hrs
		Active Professional Part Time (50%-26%)			Active Educational Support Staff Part Time (50%-26%), 1040-521 hrs
		Active Professional Part Time (25%-less)			Active Educational Support Staff Part Time (25%-less), 520-under hrs

Includes PAC dues of \$19.99 full-time teacher, \$10.00 full-time ESP and a \$2.00 per FTTE special assessment for professional development programming.

Payment Method Information Check (pay in full) eDues (electronic funds transfer) Recurring Credit Card

Electronic Funds Transfer: Please attach a VOIDED CHECK for verification of bank information.

Default payments are 10th of the month Sept. – Aug. Check with local for their specific pay option selection.

Bank Name _____ Checking Account Savings Account

Bank Routing # (9 digits) _____ Bank Account # _____

---OR---

Credit Card

One time charge on September 10th Recurring charge on the 10th of each month September through August

Credit Card (check one): MasterCard Visa Discover American Express

Card #: _____ Exp. Date: _____

Signature & Date Required on Back

Membership cannot be finalized without signature and date.

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

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 the WEAC prior to the start of any membership year and, in doing so, I will also forfeit my membership in the national, regional and local affiliates and lose the rights, privileges and benefits of membership. I understand that my membership makes WEAC 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.

EFT Dues Authorization (if utilizing EFT payments) I hereby authorize the Wisconsin Education Association Council (WEAC) to initiate Electronic Funds Transfers (EFTs) from my bank account indicated on the first page 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 WEAC in writing. I understand my written notification to WEAC 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.

Credit Card authorization (if utilizing credit card payments): I hereby authorize the Wisconsin Education Association Council (WEAC) to initiate a debit entry to my credit card as indicated on the first page for the payment of my annual dues. My authorization is in full force and effective until I terminate this agreement by notifying WEAC in writing. I understand my written notification to WEAC must be made 30 days prior in order for this agreement to be changed in any manner. The amount of my monthly payment is my annual dues obligation divided by 12 months (Sept-Aug). 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 making contributions to and expenditures on behalf of 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. A member may contribute to the NEA Fund more or less than the suggested amount, or may contribute nothing at all, without it affecting his or her membership status, rights, or benefits in NEA or any of its affiliates. 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 me on my cellular phone on a periodic basis. The National Education Association, WEAC, the region and the local association will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Email membership@weac.org to stop receiving or for more information.

Member's Signature _____

Date _____

Please mail form to: WEAC Region 3, 1136 N. Military Avenue, Green Bay, WI 54303, (800) 472-5582

For membership questions, please contact WEAC Membership Dept. at membership@weac.org or 1-800-362-8034x507