

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

	MEMBER TYPE	MONTHLY DUES		MEMBER TYPE	MONTHLY DUES
	Active Prof. Full Time	\$58.42		Active ESP Full Time	\$
	Active Prof. Part Time	\$30.29		Active ESP Part Time	\$

Contact Region7@weac.org for a yearly amount. (West Bend Education Association has 12 withdrawals, Sept.-August)

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/Educator Effectiveness/National Board support.
<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 ⇒

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, 2015. 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 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 also forfeit my membership in the national, 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.

Dues payments are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses. Contributions to the NEA FCPE, the WEAC PAC, and the Regional PAC are not tax deductible for federal income tax purposes.

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) and the WEAC Political Action Committee (WEAC 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. 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. 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. The NEA FCPE and WEAC PAC are subject to regulation by the Federal Election Commission and the Wisconsin Government Accountability Board.

Political Action Rebate: I may request a refund of my WEAC PAC payment which is used for political activity by writing to the 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.

Account Type:

<input type="checkbox"/>	Checking	<input type="checkbox"/>	Savings
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Bank Routing Number (9 digit)											
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Bank Account Number																				
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Signature _____

Date _____

Payment Preference:

<input type="checkbox"/>	One-time charge	<input type="checkbox"/>	Recurring charge on the 10th of each month
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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 must be made 30 days prior in order for this agreement to be changed in any manner. 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 (Set-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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Signature _____ Date _____

<input type="checkbox"/>	MasterCard	<input type="checkbox"/>	Visa	<input type="checkbox"/>	Discover	<input type="checkbox"/>	American Express
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Card Number _____

Expiration Date _____