



www.washingtonea.org
member.records@washingtonea.org

Membership Enrollment Form

PLEASE PRINT and PRESS HARD
YOU ARE MAKING FOUR COPIES



Great Public Schools for Every Student

SSN or WEA Member ID: Local Association _____
You must sign a separate enrollment form for each district in which you are employed.
 Please check here if you are working in multiple districts.

Last Name _____ First Name _____ Middle Initial _____

Home Address (Street, Route or Box) _____ Apt. # _____

City _____ State _____ Zip _____ Home Phone (____) _____

Home E-Mail _____ Work E-Mail _____ Work Phone (____) _____

School Bldg/Work Site _____ Female Male Date of Birth _____

Ethnic Status American Indian/Alaska Native Black/African American Hispanic/Latina(o) Multi-Ethnic Other
 Caucasian/Euro-American Native Hawaiian/Pacific Islander Asian Choose not to declare Unknown

Membership Type (please check one): Certificated or AHE <input type="checkbox"/> 0.76-1.00 FTE <input type="checkbox"/> 0.25 or less FTE <input type="checkbox"/> 0.51-0.75 FTE <input type="checkbox"/> Substitute <input type="checkbox"/> 0.26-0.50 FTE <input type="checkbox"/> Part-time Higher Ed Education Support Professional <input type="checkbox"/> 0.51 - 1.00 FTE <input type="checkbox"/> Indicate FTE <input type="checkbox"/> 0.26 - 0.50 FTE <input type="checkbox"/> AND <input type="checkbox"/> 0.25 or less FTE <input type="checkbox"/> Indicate annual income <input type="checkbox"/> Extra-Curricular <input type="checkbox"/> \$35,000.01 and above <input type="checkbox"/> \$27,000.01 to \$35,000 <input type="checkbox"/> \$22,000.01 to \$27,000 <input type="checkbox"/> \$17,000.01 to \$22,000 <input type="checkbox"/> \$12,000.01 to \$17,000 <input type="checkbox"/> \$12,000 and below	Hire Date _____ Hours worked per week _____	FOR OFFICE USE ONLY <table border="1"> <thead> <tr> <th>TYPE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr><td>NEA</td><td></td></tr> <tr><td>WEA</td><td></td></tr> <tr><td>UniServ</td><td></td></tr> <tr><td>Local</td><td></td></tr> <tr><td>Community Outreach</td><td></td></tr> <tr><td>NEA FCPE</td><td></td></tr> <tr><td>WEA-PAC</td><td></td></tr> <tr><td>TOTAL</td><td></td></tr> </tbody> </table>	TYPE	AMOUNT	NEA		WEA		UniServ		Local		Community Outreach		NEA FCPE		WEA-PAC		TOTAL	
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TOTAL																				
Subject (please check one): <input type="checkbox"/> Art <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Basic Education <input type="checkbox"/> Bus / Truck / Van Driver <input type="checkbox"/> English / Language Arts <input type="checkbox"/> Communication Disorder Specialist <input type="checkbox"/> Foreign Languages <input type="checkbox"/> Cook / Food Prep Worker <input type="checkbox"/> Health and Physical Education <input type="checkbox"/> Counselor <input type="checkbox"/> Mathematics <input type="checkbox"/> Custodian <input type="checkbox"/> Music <input type="checkbox"/> Instructional Assistant <input type="checkbox"/> Physical Sciences <input type="checkbox"/> Librarian <input type="checkbox"/> Social Studies <input type="checkbox"/> Reading Specialist <input type="checkbox"/> Special/Developmental Education <input type="checkbox"/> Secretarial / Office Support <input type="checkbox"/> *Other _____ <input type="checkbox"/> *Other _____	Position / Job Title (please check one): <input type="checkbox"/> *Other _____																			

** If your Subject or Position/Job Title is not listed above, please enter one of the four-character codes listed on the back of the cover page, or specify in writing.*

NEA Fund for Children and Public Education

The National Education Association Fund for Children and Public Education (NEA FCPE) collects voluntary contributions from Association members and uses these contributions 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 office. Contributions to NEA FCPE are voluntary; making a contribution is neither a condition of employment nor membership in the Association, and members have the right to refuse to contribute without suffering any reprisal. Although NEA FCPE requests an annual contribution of \$12, this is only a suggestion. **A member may contribute 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.**

Contributions or gifts to NEA Fund for Children and Public Education are not deductible as charitable contributions for federal income tax purposes. Federal law requires political committees to use our 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.

Federal law prohibits the NEA FCPE from receiving donations from persons other than members of NEA and its affiliates, and their immediate families. All donations from persons other than members of NEA and its affiliates, and their immediate families, will be returned forthwith.

If you wish to contribute to NEA Fund for Children and Public Education, please check the appropriate box below.

1. NEA FCPE Payroll Deduction Authorization: I authorize my employer to deduct from my salary a NEA FCPE contribution of \$12 for the current NEA membership year. I agree that this authorization shall be automatically renewed each year thereafter unless written notice of revocation is given by me to WEA and my local education association. Teachers or classified personnel employed by School Districts may elect contributions by payroll deduction. **Members who are employed by the State of Washington, including academic faculty of community colleges or four-year higher education institutions, may NOT opt for payroll deduction of NEA FCPE contributions.**

2. I wish to contribute \$ _____ to NEA Fund for Children and Public Education and hereby enclose cash or check.

Payment Method for Dues

Check (make checks payable to WEA for single, annual payment)

Payroll Deduction: I, the undersigned, acknowledge that I am a member of the above-named education association (where the entity representing my bargaining unit is a WEA/NEA affiliate), the Washington Education Association and the National Education Association. I hereby authorize my employer to deduct from my salary and to pay to the Washington Education Association membership dues in such amounts as the Association may certify as due and owing by me in accordance with its constitution and bylaws.

I agree that this authorization and assignment shall remain in effect until a signed and dated revocation is received by the WEA Membership Department at P.O. Box 9100, Federal Way, WA 98063-9100. I understand that while I can revoke my membership, I am obligated to fulfill my core dues obligation to the WEA and its affiliates during the year of revocation. Additionally, I understand that state law under certain circumstances may require me to pay a representation fee to the WEA and its affiliates after I have revoked my membership.

Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may qualify as a miscellaneous itemized deduction.

Member's Signature

Date

Enroller / Faculty Representative

WHITE - WEA Membership Department

PINK - Payroll Office

GREEN - Local Association

BLUE - Member Copy