WEA PAC
Your Voice – Your Vote

PAYROLL DEDUCTION AUTHORIZATION FORM

PLEASE PRINT and PRESS HARD YOU ARE MAKING FIVE COPIES

Washington Education Association Political Action Committee (WEA-PAC)

Social Security Number: [X][X][X] – [X][X] – [ ][ ][ ][ ]
(Enter last four digits only)

Local Association _____

Employer _____

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 Building/Work Site _____

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 $2.25 per month from my salary in order to make political contributions to WEA-PAC.

Contributions to WEA-PAC are not deductible as charitable contributions for income tax purposes. No employer or other person may withhold a portion of a Washington state resident's earnings (or that of a nonresident whose primary place of work is in Washington) in order to make contributions to a political committee that must report to the Public Disclosure Commission or to a candidate for state or local office without written permission from that individual. Completion of this form entitles the entity specified to make such a withholding. This authorization form remains in effect until revoked in writing by the employee and received by WEA-PAC at P.O. Box 9100, Federal Way, WA 98063-9100.

According to state law, no employer or labor organization may discriminate against an officer or employee in the terms or conditions of employment for (a) the failure to contribute to, (b) the failure in any way to support or oppose, or (c) in any way supporting or opposing a candidate, ballot proposition, political party, or political committee.

☐ I previously had automatic ongoing WEA-PAC deduction authorizations on file. Please discontinue any/all previous authorizations on file.

Member's Signature _____ Date _____ Building Representative (optional) _____

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WHITE – UniServ/WEA **GREEN – Payroll Office** **YELLOW – Local Association** **PINK – WEA-PAC** **GOLD – Member Copy**