



Membership Enrollment Form



**PLEASE PRINT and PRESS HARD
YOU ARE MAKING FOUR COPIES**

Great Public Schools for Every Student

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

WEA Member ID OR SSN4

Local Association _____

School Bldg/Work site _____

Last Name _____ First Name _____ Middle Initial _____

Other/Former Name (if applicable in this district or former districts) _____

Home Mailing Address _____ Apt. # _____ Female Male

City _____ State _____ Zip _____ Date of Birth _____

Home Email _____ Work Email _____

Mobile Phone _____ Home Phone _____

YES! OK to text me. I understand that the National Education Association and its affiliates — including the Washington Education Association, UniServ Councils, Local Associations, and National Education Association Member Benefits may use automated calling and/or text my cell phone on a periodic basis. Carrier message and data rates may apply.

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

<p>Membership Type (please check one): Certificated or Higher Education</p> <p><input type="checkbox"/> 0.76 – 1.00 FTE <input type="checkbox"/> 0.51 – 0.75 FTE <input type="checkbox"/> 0.26 – 0.50 FTE <input type="checkbox"/> 0.25 or less FTE <input type="checkbox"/> Substitute <input type="checkbox"/> Part-time Higher Ed</p> <p>OR</p> <p>Education Support Professional</p> <p><input type="checkbox"/> 0.51 – 1.00 FTE <input type="checkbox"/> 0.26 – 0.50 FTE <input type="checkbox"/> 0.25 or less FTE <input type="checkbox"/> Substitute ESP <input type="checkbox"/> Extra-Curricular</p> <p>Indicate FTE</p> <p>AND</p> <p><input type="checkbox"/> \$47,000.01 and above <input type="checkbox"/> \$35,000.01 to \$47,000 <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</p> <p>Indicate annual income</p>	<p>Hire Date _____ Hours worked per week _____</p> <p>Subject (please check one):</p> <p><input type="checkbox"/> Art <input type="checkbox"/> Basic Education <input type="checkbox"/> English / Language Arts <input type="checkbox"/> Foreign Languages <input type="checkbox"/> Health and Physical Education <input type="checkbox"/> Mathematics <input type="checkbox"/> Music <input type="checkbox"/> Physical Sciences <input type="checkbox"/> Social Studies <input type="checkbox"/> Special/Developmental Education <input type="checkbox"/> *Other _____</p> <p>Position/Job Title (please check one):</p> <p><input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Bus / Truck / Van Driver <input type="checkbox"/> Communication Disorder Specialist <input type="checkbox"/> Cook / Food Prep Worker <input type="checkbox"/> Counselor <input type="checkbox"/> Custodian <input type="checkbox"/> Instructional Assistant <input type="checkbox"/> Librarian <input type="checkbox"/> Reading Specialist <input type="checkbox"/> Secretarial / Office Support <input type="checkbox"/> *Other _____</p> <p><i>*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.</i></p>
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FOR OFFICE USE ONLY	
TYPE	AMOUNT
NEA	
WEA	
UniServ	
Local	
Community Outreach	
NEA FCPE	
WEA-PAC	
TOTAL	

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

CANARY – Payroll Office

PINK – Local Association

BLUE – Member Copy