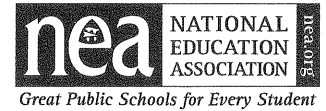




www.washingtonnea.org  
member.records@washingtonnea.org

# Membership Enrollment Form

PLEASE PRINT and PRESS HARD  
YOU ARE MAKING FOUR COPIES



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 \_\_\_\_\_

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Home Email \_\_\_\_\_ Work Email \_\_\_\_\_ Mobile 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): <b>Certificated or AHE</b> <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  <b>Education Support Professional</b> <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 _____	<b>FOR OFFICE USE ONLY</b> <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></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"/> 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 _____	Position / Job Title (please check one): <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 _____																					

*\* 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, 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

