



Student WEA Enrollment Form
Association year is September 1 to August 31

**Please Type or Print
Clearly — All information
will be kept confidential**

Name _____

Local Address _____

City _____ State _____ Zip _____

SSN

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 Male New Member
 Female Renewal

E-mail Address _____

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

Permanent Address _____

City _____ State _____ Zip _____

Permanent Phone (____) _____ Current Phone (____) _____

Date of Birth _____ Registered Voter? Yes No

College or University _____

Current Status: Freshman Sophomore Junior Senior Graduate

Estimated Graduation Date _____ Date Available for Employment _____

Enclose a \$22.50 check or money order made payable to **Student Washington Education Association** and mail to:
Washington Education Association, P.O. Box 9100, Federal Way, WA 98063-9100

Signature _____

Date _____