



Membership Enrollment Form



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

PLEASE PRINT and PRESS HARD
YOU ARE MAKING FOUR COPIES

Great Public Schools for Every Student

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

Membership Type (please check one):
Certificated or Higher Education

0.76 – 1.00 FTE
 0.51 – 0.75 FTE
 0.26 – 0.50 FTE
 0.25 or less FTE
 Substitute
 Part-time Higher Ed

OR

Education Support Professional

0.51 – 1.00 FTE
 0.26 – 0.50 FTE
 0.25 or less FTE
 Substitute ESP
 Extra-Curricular

Indicate FTE

AND

\$47,000.01 and above
 \$35,000.01 to \$47,000
 \$27,000.01 to \$35,000
 \$22,000.01 to \$27,000
 \$17,000.01 to \$22,000
 \$12,000.01 to \$17,000
 \$12,000 and below

Indicate annual income

Hire Date _____ Hours worked per week _____

Subject (please check one):

Art
 Basic Education
 English / Language Arts
 Foreign Languages
 Health and Physical Education
 Mathematics
 Music
 Physical Sciences
 Social Studies
 Special/Developmental Education
 *Other _____

Position/Job Title (please check one):

Classroom Teacher
 Bus / Truck / Van Driver
 Communication Disorder Specialist
 Cook / Food Prep Worker
 Counselor
 Custodian
 Instructional Assistant
 Librarian
 Reading Specialist
 Secretarial / Office Support
 *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.*

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 (Original) – WEA Membership Department

CANARY – Payroll Office

PINK – Local Association

BLUE – Member