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WEA-Retired / NEA-Retired Enrollment Form

Home email _____

Cell phone _____ WEA Member ID OR SSN4 (last four) _____

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.

Date of Birth _____

<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Choose not to declare

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