



Membership Enrollment Form



Great Public Schools for Every Student

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

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):

Certificated or AHE

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

Education Support Professional

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

AND

\$35,000.01 and above Indicate annual income
 \$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

Hire Date _____ Hours worked per week _____

Subject (please check one):

Art Classroom Teacher
 Basic Education Bus / Truck / Van Driver
 English / Language Arts Communication Disorder Specialist
 Foreign Languages Cook / Food Prep Worker
 Health and Physical Education Counselor
 Mathematics Custodian
 Music Instructional Assistant
 Physical Sciences Librarian
 Social Studies Reading Specialist
 Special/Developmental Education Secretarial / Office Support
 *Other _____ *Other _____

Position / Job Title (please check one):

** 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	
Special Assessment	
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 _____