



**WEA**  
WASHINGTON  
EDUCATION  
ASSOCIATION

Sharing the power of knowledge.

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**Member (Individual) Application  
for Legal Assistance  
Unified Legal Services Program(ULSP)  
National Education Association - Washington Education Association**

Mr.    Ms.    Dr.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ Phone Number (Work) \_\_\_\_\_

Email \_\_\_\_\_ Phone Number (Cell) \_\_\_\_\_

Date of Occurrence (prompting need for legal service) \_\_\_\_\_ Last 4 digits of Social Security Number XXX - XX - \_\_\_\_\_  
or \_\_\_\_\_

Employer \_\_\_\_\_ Membership ID Number \_\_\_\_\_

Description of employment dispute \_\_\_\_\_

I request that an attorney be assigned to assess my case. I understand that WEA's Legal Defense Policy controls WEA's payment for legal services and that I can review a copy of such policy by contacting the WEA Office of the General Counsel. I understand that WEA may stop funding my case if the General Counsel decides to do so, or if I choose not to accept a reasonable settlement, or if I fail to cooperate with any assigned WEA attorney, or if I stop paying unified dues. I hereby authorize my assigned attorney to disclose to WEA, its attorneys, its employees, committee members and Board members, any and all information, including confidential information, needed by WEA in WEA's judgment to process this application or administer the legal defense program. I understand that I am required to pay unified membership dues while WEA pays for legal services.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Information to be completed by WEA UniServ office

Membership Verified?       Covered by a collective bargaining agreement       Not covered

UniServ Office \_\_\_\_\_  
UniServ Representative \_\_\_\_\_ Date \_\_\_\_\_

Mail, fax, or email: PO Box 9100, Federal Way, WA, 98063-9100; 253-946-7232 (fax); [LegalTeam@WashingtonEA.org](mailto:LegalTeam@WashingtonEA.org)