



Join online at [weac.org/joinnow](http://weac.org/joinnow)  
**ELMBROOK EDUCATION ASSOCIATION**

**MEMBERSHIP COMMITMENT**

**Initial Here** **YES!** I want to join with my fellow employees and become a member of the ELMBROOK EDUCATION ASSOCIATION, WEAC REGION 7, Wisconsin Education Association Council, and National Education Association. I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all associations.

**PERSONAL INFORMATION** *All information is confidential.*

Name (Last, First, Middle Initial):		Nickname (if applicable):		Birthdate:	Gender:
Previous Name (if applicable):		Referred by:	Home Address:		Home City/State/Zip:
Ethnicity: <input type="checkbox"/> Am. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiple Ethnic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Other					
Cell Phone*:	Land Line:	Home Email:		Work Email:	
Worksite:		Position/Subject Taught:		Previous District/State (if applicable):	

\* By providing my cell phone number above, I understand that the National Education Association and its affiliates including WEAC, ELMBROOK EDUCATION ASSOCIATION, WEAC REGION 7, NEA Member Benefits, and NEA360 may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. The National Education Association, WEAC, region/urban and local association will never charge for text message alerts. Text STOP in reply to any text message to stop receiving texts from the entity that sent the message. Or reply HELP for more information. Carrier message and data rates may apply to such alerts. I may rescind this authorization by providing reasonable notice to update my communication preferences by emailing [membership@weac.org](mailto:membership@weac.org).

**PAYMENT AUTHORIZATION**

**Initial Here** **YES!** I hereby agree to pay the annual dues, fees, and assessments established by the associations in consideration for the services the union provides. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I further understand that if I change job class or status during the year, beginning with the first pay period after the change, I will be charged at the rate applicable to my new member type and status. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the associations as described herein unless I revoke this authorization in a signed writing addressed to WEAC and delivered via email to [membership@weac.org](mailto:membership@weac.org) or by mail to PO Box 8003, Madison, WI 53708. eSignature such as DocuSign is accepted. I understand that I will be relieved of my dues obligation seven days after WEAC's receipt of my written notice of revocation. **I understand that this agreement is voluntary and is not a condition of employment and that I have the legal right to refuse to sign this agreement without suffering reprisal.**

**ANNUAL DUES AND CONTRIBUTION AMOUNTS** (expressed as monthly or bi-monthly payments)

Dues payments are not tax-deductible as charitable contributions.		Check Appropriate Box: <input type="checkbox"/> Active Full-Time (51-100%) <input type="checkbox"/> Active Part-Time (26-50%) <input type="checkbox"/> Active Less than Part-Time (25% or less)	
<b>Option 1: Electronic Funds Transfer Dues Amounts</b>		<b>Teacher Dues per Deduction*</b>	
<input type="checkbox"/> Electronic Funds Transfer (EFT)	<input type="checkbox"/> One-time charge on the 10 <sup>th</sup> of the first month <i>Yearly amount: \$712.00 Full-Time; \$384.00 Part-Time; \$220.25 Less than Part-Time</i> <input type="checkbox"/> Pay Schedule of 20 deductions on the 10 <sup>th</sup> and 25 <sup>th</sup> of the month (September-June)	<input type="checkbox"/> \$35.60 Full-Time (51-100%) <input type="checkbox"/> \$19.20 Part-Time (26-50%) <input type="checkbox"/> \$11.01 Less than Part-Time (25% or less)	
<b>Option 2: Credit Card Dues Amounts</b>		<b>Teacher Dues per Deduction*</b>	
<input type="checkbox"/> Credit Card	<input type="checkbox"/> One-time charge on the 10 <sup>th</sup> of the first month <i>Yearly amount: \$712.00 Full-Time; \$384.00 Part-Time; \$220.25 Less than Part-Time</i> <input type="checkbox"/> Pay Schedule of 12 deductions on the 10 <sup>th</sup> of each month	<input type="checkbox"/> \$59.33 Full-Time (51-100%) <input type="checkbox"/> \$32.00 Part-Time (26-50%) <input type="checkbox"/> \$18.35 Less than Part-Time (25% or less)	
<b>Option 3: Check Dues Amounts</b>		<b>Teacher Dues per Deduction*</b>	
<input type="checkbox"/> Check (payable to WEAC)	<input type="checkbox"/> One-time, full-year payment (enclosed) <i>Yearly amount: \$712.00 Full-Time; \$384.00 Part-Time; \$220.25 Less than Part-Time</i> <input type="checkbox"/> 12 monthly payments (1 <sup>st</sup> month enclosed)	<input type="checkbox"/> \$59.33 Full-Time (51-100%) <input type="checkbox"/> \$32.00 Part-Time (26-50%) <input type="checkbox"/> \$18.35 Less than Part-Time (25% or less)	
<b>Voluntary Contribution to NEA PAC (NEA-FCPE)</b> (suggested annual contribution of \$15.00)**		<b>NEA-FCPE Voluntary Contribution</b>	
The NEA-FCPE is a political action committee that supports pro-public education candidates on the federal and state levels regardless of political affiliation		\$ _____ per deduction	
<b>Total</b>		<b>Total Dues per Deduction</b>	
Add option 1, 2 or 3 with voluntary NEA PAC (NEA-FCPE), if contributing		\$ _____ Total per deduction	

\* Includes WEAC PAC contributions of \$19.99 Full-Time, \$10.00 Part-Time, \$5.00 Less than Part-Time; Region PAC contributions of \$3.00; Local PAC contributions of \$0.00 Full-Time, \$0.00 Part-Time, \$0.00 Less than Part-Time. See Political Action Committee Information, p. 2  
 \*\* see Political Action Committee Information, p. 2

**KEEP GOING: EFT OR CREDIT CARD INFORMATION, SIGNATURE & DATE REQUIRED ON BACK**

Send member form to Sally Stoflet at WEAC Region 7, 13805 W. Burleigh Rd., Suite 200, Brookfield, WI 53005 or join online at [weac.org/joinnow](http://weac.org/joinnow). Questions? Call Sally at 262-901-1101.

**POLITICAL ACTION COMMITTEE INFORMATION**

Contributions to the NEA FCPE, the WEAC PAC, the WEAC REGION 7 PAC and the ELMBROOK EDUCATION ASSOCIATION PAC (if collected) are not tax-deductible as charitable contributions for federal income tax purposes.

**Political Action Disclaimer:** The NEA Fund for Children and Public Education (NEA FCPE), the WEAC Political Action Committee (WEAC PAC), the WEAC REGION 7 PAC, and the ELMBROOK EDUCATION ASSOCIATION PAC (if collected) are political action committees that collect voluntary contributions from Association members and uses these contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for federal and state office. Only U.S. citizens or lawful permanent residents (i.e. green card holders) may contribute to these funds. If you are not a U.S. citizen or permanent resident, please contact WEAC before completing this form and remitting your payment. Contributions to the NEA Fund are voluntary; making a contribution is neither a condition of employment nor membership in the Association and members have the right to refuse to contribute without suffering any reprisal. Although the NEA Fund requests an annual contribution of \$15.00, this is only a suggestion. A member may contribute to the NEA Fund more or less than the suggested amount, or may contribute nothing at all, without it affecting his or her membership status, rights, or benefits in NEA or any of its affiliates. The NEA FCPE, WEAC PAC, Region/Urban PAC, and Local PAC (if collected) are subject to regulation by the Federal Election Commission and the Wisconsin Ethics Commission. Federal law requires the NEA FCPE to use best efforts to report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. State law requires WEAC PAC, Region/Urban PAC, and Local PAC (if collected) to use best efforts to collect and report the name and mailing address of all PAC contributors, and occupation of those contributing over \$200 in a calendar year, to the Wisconsin Ethics Commission.

**Political Action Rebate:** I may request a refund of my WEAC PAC contribution, which is used for political activity, by writing to WEAC, PO Box 8003, Madison WI 53708 between Sept 1 and Oct 30, or within 60 days of joining. I may request a refund of my WEAC REGION 7 PAC or ELMBROOK EDUCATION ASSOCIATION PAC (if collected) contribution, which is used for political activity, by writing to WEAC REGION 7, 13805 W. Burleigh Rd., Brookfield, WI 53005 between Sept 1 and Oct 30, or within 60 days of joining. This information is published annually. My membership will not be affected by a request for a refund. Once I request a WEAC, WEAC REGION 7, or ELMBROOK EDUCATION ASSOCIATION (if collected) PAC rebate, no contributions will be drawn in future membership years with respect to the PAC(s) for which I have requested a rebate(s), unless I specifically request in writing to reinstate said PAC participation.

**PAYMENT INFORMATION**

<b>Electronic Funds Transfer</b>	<b>OR</b>	<b>Credit or Debit Card Information</b>
Bank Name _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Routing # (9 digits) _____		Card # _____
Account # _____		Expiration Date: _____

**EFT or Credit Card Payment Authorization** I authorize the Wisconsin Education Association Council (WEAC), or the local association, where permitted by the governing body of the local association, to charge my credit/debit card or debit my checking/savings account, as provided above, for annual membership dues, fees and assessments established by the local association, region, WEAC and the NEA, and/or for any voluntary contributions I have authorized above. I authorize WEAC or the local association, where permitted by the governing body of the local association, to charge my credit/debit card or debit my checking/savings account on a recurring basis, payable in monthly installments, as indicated on page one. My monthly payment is the monthly total for dues and contributions as set forth on page one of this form. I understand that if the governing bodies of NEA or its affiliates authorize a change in the amount of annual dues, fees and/or assessments, or if my dues amount changes due to a change in membership category as authorized above, WEAC or the local association will notify me by email or at my home address not less than ten days in advance of processing any changes to the transaction amount as described in the payment summary on page one. Following notice of a change, I authorize WEAC or the local association, where permitted by the governing body of the local association, to adjust the amount to be charged to or debited from my account to satisfy any modification by adjusting my payments equally over the payment schedule noted on page one. I understand that the total amount of my NEA FCPE contributions listed above, if any, shall remain fixed from year-to-year unless I notify WEAC of a change to future annual contribution amounts online at [www.mynea360.org](http://www.mynea360.org) or in writing sent to WEAC at PO Box 8003, Madison, WI 53708. Upon receipt of this notice, I authorize WEAC, or the local association, where permitted by the governing body of the local association to adjust the amount to be charged or debited from my account to satisfy any modification to process future annual contributions in amounts proportionate to the payment frequency preference I selected on page one. I understand that this authorization for the payment of membership dues, fees and assessments and/or contributions to the NEA FCPE continues year-to-year and shall remain in effect until the earlier of: 1) my written notice of cancellation according to the procedures below or 2) the termination of my eligibility to maintain membership in the Association. I understand that the rejection of any charge or debit shall not constitute the termination of my membership. I further understand that WEAC will notify me in writing if a transaction is rejected and I shall have seven calendar days to provide WEAC with updated account information, or with an accepted alternative method of payment, to continue my payments for annual dues, fees, assessments and voluntary contributions. I understand that if I have six days of rejected transactions, my membership will be terminated by WEAC and I will be notified by e-mail or in writing. I further agree that if any transaction is rejected with cause, WEAC shall be under no liability whatsoever if such rejection results in late charges or fees. I understand that if I wish to terminate this authorization, I must do so in a signed writing, addressed to WEAC, and delivered via email to [membership@weac.org](mailto:membership@weac.org) or by mail to PO Box 8003, Madison, WI 53708. eSignature such as DocuSign is accepted. Written notice of termination must include the following information: 1) full name, 2) home e-mail, 3) home address and 4) employer. I understand that termination of this authorization will take effect seven days after the date notice of termination is received.

**TELL US MORE!**

- 1. What year did you enter the profession?** \_\_\_\_\_
- 2. Your Union provides training, support, and tools to ensure your success. What would you like to learn more about?**  
 Building relationships, meeting social-emotional needs  Family and community engagement  Instructional and classroom strategies  
 Health & safety  Social justice & racial equity  Technology  Reducing student debt  Saving money w/ NEA, WEA Member Benefits
- 3. When we work together, we have a stronger voice. How would you like to participate in your union? (Mark all that interest you)**  
 Membership, Leadership & Advocacy: Be a Local Leader  Collective Action: Local Workplace Organizing  Leading Our Professions: Workshops & Support  
 Political Activism: Elect Pro-Public Education Candidates  School Funding & Education Policy: Get Involved  Thinking About It: I'm Not Ready Yet, Keep Me Posted

I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.

\_\_\_\_\_  
Signature Date