



WEAC-Retired PAC Voluntary Contribution Form

The Wisconsin Education Association Council Political Action Committee (WEAC-PAC) supports pro-public education candidates on the state level regardless of political affiliation.

Contributors to the WEAC PAC may also participate in candidate screening committees.

PERSONAL INFORMATION *All information is confidential.*

Name (Last, First, Middle Initial):	Cell Phone*:	Home Email:
Home Address:		Home City/State/Zip:

* By providing my cell phone number above, I understand that the National Education Association and its affiliates including WEAC, the region, the local association, 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, the region and the local association will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Email membership@weac.org to stop receiving or for more information.

PAYMENT AUTHORIZATION

_____ **YES!** I hereby agree to voluntarily contribute to the WEAC Political Action Committee. I authorize, on a continuing basis, the payment of my voluntary contribution described herein unless I revoke this authorization in a signed writing to: WEAC, P.O. Box 8003, Madison, WI 53708 via U.S. Mail. I understand that I will be relieved of my voluntary PAC contributions seven days after WEAC's receipt of my written notice of revocation.
I understand that this agreement is voluntary.

Initial Here

WEAC PAC Voluntary Contribution

Contributions to the WEAC PAC are not tax deductible for federal income tax purposes.

Electronic Funds Transfer, Credit Card or Check		WEAC PAC Voluntary Contribution
<input type="checkbox"/> Electronic Funds Transfer (EFT) <input type="checkbox"/> Credit Card <input type="checkbox"/> Check	<input type="checkbox"/> One-time charge on the 10 th of the first month <input type="checkbox"/> Payments over 12 months September through August If paying by check, payable to WEAC Mail to WEAC Membership; PO Box 8003; Madison, WI 53708	\$ _____ annual amount*
		<i>*Suggested annual amount of \$20.00</i>

POLITICAL ACTION COMMITTEE INFORMATION

Contributions to the WEAC PAC are not tax deductible for federal income tax purposes.

Political Action Disclaimer: The WEAC Political Action Committee (WEAC PAC) is a political action committees that collect voluntary contributions from Association members which are used 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 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 WEAC PAC 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. A member may contribute to the WEAC PAC 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 WEAC or any of its affiliates. The WEAC PAC is subject to regulation by the Wisconsin Ethics Commission. State law requires the WEAC PAC to use their best efforts to collect and report the name and mailing address of all PAC contributors to the Wisconsin Ethics Commission.

PAYMENT INFORMATION

Check Appropriate Box: Electronic Funds Transfer (EFT) Credit Card Check (payable to WEAC)

Electronic Funds Transfer <i>Please attach a voided check for verification of bank information</i>
Bank Name _____ <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Bank Routing # (9 digits) _ _ _ _ _ Bank Account # _____
--OR--
Credit Card Information <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Card # _____ Expiration Date: _____

EFT or Credit Card Payment Authorization I authorize the Wisconsin Education Association Council (WEAC) to charge my credit card account or debit my checking/savings account, as provided above, for annual dues, fees and assessments required for membership in the WEAC. I authorize WEAC to charge my credit card account 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 body authorizes a change in the amount of annual dues, fees and/or assessments, WEAC 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, I authorize WEAC 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 rejection of any credit card, debit card or electronic funds transaction 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 and assessments. I understand that if I have sixty 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, PO Box 8003, Madison, WI 53708 via U.S. Mail and include my: 1) full name, 2) home address and 3) employer. I understand that termination of this authorization will take effect seven days after the date notice of termination is received.

Member's Signature _____ Date _____