

Together. A Stronger Voice.

24/25 Membership: Kenosha Education Association (KEA)

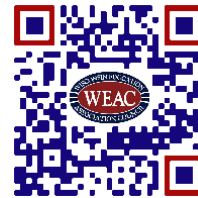


Join Our Union

Check boxes below and sign.

MEMBERSHIP COMMITMENT: YES!

I want to join with my fellow employees and become a member of the Kenosha Education Association, 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.



ANNUAL PAYMENT AUTHORIZATION: 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 or by mail to PO Box 8003, Madison, WI 53708 or by completion of the online cancelation form at www.weac.org/2023mcform. 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.

Select the payment method on the back (automatic bank draft from checking/savings, credit/debit card or written check)

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** _____

Complete payment information on back. Dues payments are not tax-deductible as charitable contributions for federal income tax purposes.

First Name: _____ Middle: _____ Last: _____ Birthdate: _____

Home Email: _____ Cell*: _____ Home Phone: _____

Address: _____ City: _____ State/Zip: _____

Worksite: _____ Position: _____ Subject: _____ Recruiter: _____

Work Email: _____ Work Phone: _____ College/Grad Date: _____

Nickname: _____ Previous Name: _____ Previous District/State: _____

Ethnicity: Am. Indian/Alaska Native Asian Black Hispanic or Latino Multi-Ethnic Native Hawaiian/Pacific Islander White Other

Gender: Female Male Transgender Female Transgender Male Gender Expansive/Non-Conforming Other

* By providing my cell phone number above, I understand that the National Education Association and its affiliates including WEAC, KEA, NEA Member Benefits, and NEA360 may use automated calling techniques and/or text message me on a periodic basis. These entities will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP in reply to any text message to stop receiving texts from the entity that sent the message or email membership@weac.org.

Tell us about your professional needs

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?

- 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

-- CONTINUE ON BACK --

Send member form to Kenosha Education Association (3030 39th Ave, Room 117, Kenosha, WI 53144) or contact Kendra Koeppen for a digital form by calling 262-654-2127 or emailing koeppen@weac.org.

Automatic Payment Information

I agree to pay annual dues and any optional NEA Fund contribution I have authorized through:

SELECT ONE PAYMENT OPTION

- One-time Payment of full dues for the year***
 - Automatic Bank Draft from Checking or Savings
- Recurring Dues Payment Schedule Options below***

Check the appropriate box for hours worked:

| | | Full-Time (51-100%) | Part-Time (26-50%) | Less than PT (25% or less) |
|---|--|---|---|--|
| <input type="checkbox"/> Auto Bank Draft (EFT) | 19 payments by auto bank draft on every other Wednesday the month. | <input type="checkbox"/> Teacher = \$46.97 <input type="checkbox"/> ESP = \$19.44 <input type="checkbox"/> Sub = \$8.69 | <input type="checkbox"/> Teacher = \$24.06 <input type="checkbox"/> ESP = \$10.34 <input type="checkbox"/> Sub = \$8.69 | <input type="checkbox"/> Teacher = \$12.73 <input type="checkbox"/> ESP = \$5.95 <input type="checkbox"/> Sub = \$8.69 |

** Includes WEAC PAC contributions of \$19.99 Full-Time, \$10.00 Part-Time, \$5.00 Less than Part-Time; KEA PAC Teacher contributions of \$5.00 Full-Time, \$2.50 Part-Time, \$2.50 Less than Part-Time; KEA PAC ESP contributions of \$2.50 Full-Time, \$1.25 Part-Time, \$1.25 Less than Part-Time.*

****Written check payable to WEAC. Mail the check to WEAC, PO Box 8003, Madison, WI 53708**

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 above. My monthly payment is the monthly total for dues and contributions as set forth above on this form. I understand that the final installment amount for the membership year may include a residual amount, not to exceed \$1.00, representing the sum that cannot be evenly distributed among the installments.

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 above. 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 above. I understand that the total amount of my NEA Fund 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 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 above.

I understand that this authorization for the payment of membership dues, fees and assessments and/or contributions to the NEA Fund 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 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 via the online cancellation form at www.weac.org/2023mcrform or a signed writing, addressed to WEAC, and delivered via email to 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.

SIGNATURE _____
DATE _____

| COMPLETE FOR EFT PAYMENTS | Auto Bank Draft (EFT) Information |
|------------------------------|---|
| COMPLETE FOR EFT PAYMENTS | Bank Name _____ <input type="checkbox"/> Checking Routing # (9 digits) _____ <input type="checkbox"/> Savings Account # _____ Signature: _____ |