

# WEAC-Retired Membership Form

## 1. Membership Commitment

_____ <i>Initial Here</i>	<b>YES!</b>	I want to join with my fellow retirees and become a member of the Wisconsin Education Association Council, and the 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.
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## 2. Fill in Personal Information below

NAME		DISTRICT RETIRED FROM		RETIREMENT DATE (OR ANTICIPATED DATE):
ADDRESS			CITY/STATE/ZIP	
CELL PHONE*	HOME PHONE	E-MAIL ADDRESS		

\* 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](mailto:membership@weac.org) to stop receiving or for more information.

## 3. Select WEAC & NEA Retired Membership (choose one)

Unified WEAC & NEA retired membership gives access to WEA Member Benefits, NEA Member Benefits and state & national communications and events. Though annual dues total the lifetime dues after 6 years, the previous years' payments cannot be applied to lifetime membership.

\$475 WEAC & NEA Lifetime Educational Professional (Teacher) <input type="checkbox"/>	\$387.50 WEAC & NEA Lifetime Educational Support Professional (ESP) <input type="checkbox"/>	\$75 Annual (Sept. – Aug.) Annual renewal needed to maintain this membership <input type="checkbox"/>
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## 4. Select Retired Local Chapter (choose one)

Retired chapter membership gives access to chapter communications and events in your area. All chapter dues are lifetime, paid one time. Chapter membership is recommended, but optional.

\$50 Chapter Lifetime	\$60 Chapter Lifetime		\$75 Chapter Lifetime	\$100 Chapter Lifetime
<input type="checkbox"/> Central WI UniServ Council <input type="checkbox"/> Chippewa Valley Area Educators	<input type="checkbox"/> Bay Lakes United Educators <input type="checkbox"/> Capital Area UniServ-South <input type="checkbox"/> Coulee Region United Educators <input type="checkbox"/> Council 10 <input type="checkbox"/> Green Bay Education Association <input type="checkbox"/> Kenosha Education Association <input type="checkbox"/> Kettle Moraine <input type="checkbox"/> Lakewood UniServ Council	<input type="checkbox"/> North Shore United Educators <input type="checkbox"/> Northern Tier <input type="checkbox"/> Northwest United Educators <input type="checkbox"/> Rock Valley Education Professionals <input type="checkbox"/> South Central Education Association <input type="checkbox"/> South West Education Association <input type="checkbox"/> Tri-Wauk UniServ Council <input type="checkbox"/> West Central Education Association <input type="checkbox"/> WEAC-Fox Valley	<input type="checkbox"/> Milwaukee Teachers Education Association <input type="checkbox"/> West Suburban Council <input type="checkbox"/> Wisconsin Tech College System	<input type="checkbox"/> Racine Education Association <input type="checkbox"/> Southern Lakes United Educators

**--Complete Payment Information on Back Side--**

### 5. Payment Authorization

_____ <i>Initial Here</i>	<b>YES!</b>	I hereby agree to pay the dues, fees, and assessments established by the associations, as specified in paragraphs 3 and/or 4 herein, in consideration for the services the union provides. I understand that annual dues amounts are subject to periodic change by the governing bodies of the associations. If I have elected to pay dues on an annual basis, 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 to: WEAC, P.O. Box 8003, Madison, WI 53708 via U.S. Mail. I understand that I will be relieved of my dues obligation seven days after WEAC's receipt of my written notice of revocation.
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### 6. Total Payment

Total your selected Retired membership dues from sections 3 & 4

WEAC & NEA     \$ \_\_\_\_\_

Local Chapter     \$ \_\_\_\_\_

**Total:**             \$ \_\_\_\_\_

*Dues payments are not tax deductible as charitable contributions.*

### 7. Select Payment

Check	Credit Card	Electronic Funds Transfer (EFT)
<input type="checkbox"/> Payable to WEAC, mail to:  WEAC Membership PO Box 8003 Madison, WI 53708	Select Payment Option: <input type="checkbox"/> One-time charge <input type="checkbox"/> 10 <sup>th</sup> of the month recurring payments (September– August)	Select Payment Option: <input type="checkbox"/> One-time charge <input type="checkbox"/> 10 <sup>th</sup> of the month recurring payments (September– August)
	Card #: _____ Expiration Date: _____	Bank Name: _____ Routing #: _____ Account #: _____
Your credit card or EFT will begin on September 10. If you join after September 1, your credit card or EFT will begin on the 10 <sup>th</sup> of the following month.		

**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 dues, fees and assessments, as specified in paragraphs 3 and/or 4, herein, in consideration for the services the union provides. If I have elected to pay dues on an annual basis, I authorize WEAC to charge my credit card account or debit my checking/savings account on a recurring basis, payable in monthly installments during the membership year of September through August. My monthly payment is the yearly total for dues and contributions as set above divided by the remaining months of the membership year.

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, and if I have elected to pay dues on an annual basis, 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 in paragraph 7, herein.

If I have elected to pay dues on an annual basis, I understand that this authorization for the payment of membership dues, fees and assessments continues year-to-year and shall remain in effect until the earlier of: 1) my written notice of termination in accordance with the procedures set forth below, or 2) the termination of my eligibility to maintain membership in the Association. 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. I understand that termination of this authorization will take effect seven days after the date notice of termination is received.

### 8. Sign & Date

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

### 9. Mail or Call

Make a copy for your records and mail your membership form to:  
 WEAC-Retired Membership; PO Box 8003; Madison, WI 53708

**NOTE:** WEAC-Retired is the state's **ONLY** retiree organization affiliated with your local, Region or Urban, WEAC, and the NEA. Your statewide WEAC Region 10/Retired membership requires concurrent membership in NEA-Retired and is included in the dues amounts listed above. The WREA is NOT an affiliate of WEAC.

*Questions? Contact WEAC Membership at 800-362-8034x507 or [membership@weac.org](mailto:membership@weac.org)*