



**2020/2021 WEAC TEACHER MEMBERSHIP FORM**  
**Membership Year September 1 through August 31**  
**Viroqua EA**

**MEMBERSHIP COMMITMENT**

                     **YES!** I want to join with my fellow employees and become a member of my local association, CRUE/WEAC Region 4, 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.  
**Initial Here**

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

Name (Last, First, Middle Initial):		Nickname (if applicable):	Birthdate:	Gender:
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:	Work Email:	Home Email:	
Home Address:			Home City/State/Zip:	
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, 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.

**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 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.  
**Initial Here**  
**I understand that this agreement is voluntary and is not a condition of employment.**

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

Dues payments are not tax deductible as charitable contributions. Check Appropriate Box:  
 Active Full Time (51-100%)  Active Half Time (26-50%)  Active Part Time (25% or less)

Option 1: Electronic Funds Transfer Dues Amounts		Teacher Dues per Deduction*
<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: \$699.00 Full Time; \$363.50 Half Time; \$196.00 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"/> \$34.95 Active Full Time <input type="checkbox"/> \$18.18 Active Half Time <input type="checkbox"/> \$9.80 Active Part Time
Option 2: Credit Card Dues Amounts		Teacher Dues per Deduction*
<input type="checkbox"/> Credit Card	<input type="checkbox"/> One-time charge on the 10 <sup>th</sup> of the first month <i>Yearly amount: \$699.00 Full Time; \$363.50 Half Time; \$196.00 Part Time</i> <input type="checkbox"/> Pay Schedule of 12 deductions on the 10 <sup>th</sup> of each month	<input type="checkbox"/> \$58.25 Active Full Time <input type="checkbox"/> \$30.29 Active Half Time <input type="checkbox"/> \$16.33 Active Part Time
Option 3: Check Dues Amounts		Teacher Dues per Deduction*
<input type="checkbox"/> Check (payable to WEAC)	<input type="checkbox"/> One-time, full year payment (enclosed) <i>Yearly amount: \$699.00 Full Time; \$363.50 Half Time; \$196.00 Part Time</i> <input type="checkbox"/> 12 monthly payments (1 <sup>st</sup> month enclosed)	<input type="checkbox"/> \$58.25 Active Full Time <input type="checkbox"/> \$30.29 Active Half Time <input type="checkbox"/> \$16.33 Active Part Time

**Voluntary Contribution to NEA PAC (NEA-FCPE)** (suggested annual contribution of \$20.00)\*\*

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	\$_____ <b>Total per deduction</b>

\* Includes WEAC PAC contributions for Teachers of \$19.99 Full Time, \$10.00 Half Time, \$5.00 Part Time; Region PAC contributions for Teachers of \$5 Full Time, \$5 Half Time, \$5 Part Time; Local PAC contributions for Teachers of \$0 Full Time, \$0 Half Time, \$0 Part Time. See Political Action Committee Information, p. 2  
\*\* see Political Action Committee Information, p. 2

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

**POLITICAL ACTION COMMITTEE INFORMATION**

Contributions to the NEA FCPE, the WEAC PAC, the Regional PAC and the Local PAC (if collected) are not tax deductible 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 Regional PAC, and Local PAC (if collected) are 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 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. 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, Regional 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 the NEA FCPE, WEAC PAC, Regional PAC, and Local PAC (if collected) to use their best efforts to collect and report the name and mailing address of all PAC contributors 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 Regional PAC contribution which is used for political activity by writing to CRUE/WEAC Region 4, 2020 Caroline St, La Crosse, WI 54603 between Sept 1 and Oct 30, or within 60 days of joining. I may request a refund of my Local PAC contribution which is used for political activity by writing to Viroqua EA between Sept 1 and Oct 30, or within 60 days of joining. This information is published annually. Your membership will not be affected by a request for refund. Once a Member requests a WEAC, Regional or Local PAC rebate, no contributions will be drawn in future membership years with respect to the PAC(s) for which the member has requested a rebate(s), unless the Member specifically requests in writing to reinstate said PAC participation.

**PAYMENT INFORMATION**

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

<b>Electronic Funds Transfer</b> Please attach a voided check for verification of bank information	
Bank Name _____	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Bank Routing # (9 digits) _ _ _ _ _	Bank Account # _____

--OR--

<b>Credit Card Information</b>	
<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 local association, region, WEAC and the NEA and/or for any contribution to the NEA Fund for Children and Public Education I have authorized. 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 bodies of NEA or its affiliates authorize 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 total amount of my NEA Fund for Children and Public Education contributions listed above, if any, shall remain fixed from year-to-year unless I notify WEAC of any adjustments to future annual contribution amounts in writing sent to WEAC at PO Box 8003, Madison, WI 53708. Upon receipt of notice, I authorize WEAC to adjust the amount to be charged to or debited from my account to satisfy any modification and 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 Fund for Children and Public Education 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 and 3) employer. I understand that termination of this authorization will take effect seven days after the date notice of termination is received.

**REGION INFORMATION**

**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