



# NEA/WEAC Online Sign-up (JoinNow) Member Experience



www.weac.org



Membership Regions Education Advocacy Resources News & Events About Q Become a Member

Log In

## Benefits of Membership

Our union is committed to welcoming all Wisconsin Public School educators to our Association. Here are some of the ways we work together to support educators professionally and personally.

Become A Member

Directed to NEA JoinNow site

nea

State Select Contact Membership Ty... Workplace Info Dues OptionalFunds Payment PACPayment Finalize

Select Work State

Start typing and select state name from the list.

Quit and Close

Next

Follow the Prompts

nea WISCONSIN EDUCATION ASSN COUNCIL

✓ Contact Membership Type Workplace Info Dues OptionalFunds Payment PACPayment Finalize

**PERSONAL INFORMATION**

\* First Name  
Jane

Middle Name

\* Last Name  
Smith

\* Date of Birth  
1/1/1980

**MAILING INFORMATION**

\* Street Address  
33 Nob Hill Rd

Apt/Suite

\* City  
Madison

\* State  
WI

\* Postal Code  
53713

\* Country  
United States

**EMAIL AND PHONE NUMBER**

\* Enter at Least 1 Email Address

Work Email

Personal Email  
e-mail@e-mail.com

\* Enter at Least 1 Phone Number

Home Phone

Mobile Phone  
608-276-7711

Receive SMS/Text Messages \*\*

\* Required Fields  
\*\* By selecting Receive Texts, I understand that NEA, its state and local affiliates, NEA Member Benefits and NEA360 may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. These groups will never charge for text message alerts. Text STOP in reply to any text message to stop receiving text from the entity that sent the message. Or reply HELP for more information. Carrier message and data rates may apply. I may rescind this authorization by providing reasonable notice including by clicking here to update my communication preferences.

Back Quit and Close Next

## Update Address for USPS Mail

### Verify Your Address Details

**We think that your address may be incorrect or incomplete.**  
To proceed, please choose one of the options below.

We recommend:	You entered :Edit
<b>Use Suggested Address</b>	<b>Use Address As Entered*</b>
33 Nob Hill Rd	33 Nob Hill Rd
Madison Wisconsin 53713-2199	Madison 53713

\* Your address may be undeliverable

## Continue

nea WISCONSIN EDUCATION ASSN COUNCIL

Membership Type Workplace Info Dues OptionalFunds Payment PACPayment Finalize

**\*SELECT A MEMBERSHIP CATEGORY**

- Certified
- Education Support Professional
- Pre-Retired
- Retired
- Aspiring Educator

**CERTIFIED**  
For individuals employed in public education in a certified position in a public school district or institution of higher learning or whose job is primarily education. This membership type includes classroom teachers, faculty, counselors, librarians, nurses, school administrators and others with a teaching certificate who work for a public education institution.

**\*SELECT A START DATE & SCHOOL YEAR**

- Beginning the first day of the 2020 - 2021 School Year

Back Quit and Close **Next**

nea WISCONSIN EDUCATION ASSN COUNCIL

Workplace Info Dues OptionalFunds Payment PACPayment Finalize

<b>Employer</b> *Employer BELOIT SCH DIST X	<b>Work Location</b> *Work Location BROTHER DUTTON X	<b>Position</b> *Position Classroom Teacher X *Select Primary Position Classroom Teacher
<b>Hours Worked</b> *Hours Worked		

Back Quit and Close **Next**



nea WISCONSIN EDUCATION ASSN COUNCIL

**Membership**

**Membership Type**  
Active Professional FT

**Membership Year**  
Beginning the first day of the 2020 - 2021 School Year

**Enrollment Date**  
08/09/2020

**Membership Term**  
12 months

**Affiliations**

**Local**  
BELOIT EDUCATION ASSOCIATION

**State**  
WISCONSIN EDUCATION ASSN COUNCIL

**National**  
NATIONAL EDUCATION ASSOCIATION

**Dues Obligations**

Funds	Annual Dues*
<b>National</b>	
NEA Dues	\$200.00
<b>State</b>	
WEAC Dues	\$220.01
WEAC PAC	\$19.99
REGION PAC	\$5.00
REGION Dues	\$280.00
<b>Local</b>	
LEA Dues	\$77.00
<b>Total</b>	<b>\$802.00</b>

\*Dues payments are not tax deductible as charitable contributions.  
NEA Fund

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Contributions to the NEA Fund are not deductible as charitable contributions for federal income tax purposes.

Federal law requires political committees 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.

Contributions to the WEAC-PAC, Regional PAC, and Local PAC (if collected) are not deductible as charitable contributions for federal income tax purposes. 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. You may request a refund of your 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. You may request a refund of your Regional PAC contribution which is used for political activity by writing to WEAC REGION 6 at WEAC REGION 6, PO BOX 8003, MADISON, WI 53708-8003, between Sept 1 and Oct 30, or within 60 days of joining. You may request a refund of your Local PAC contribution which is used for political activity by writing to WEAC REGION 6 at WEAC REGION 6, PO BOX 8003, MADISON, WI 53708-8003, 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.

Monthly Dues will be on Payment Screen.

Yes, I want to join with my fellow employees and become a member of the BELOIT EDUCATION ASSOCIATION, the WEAC REGION 6, the WISCONSIN EDUCATION ASSN 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 three associations.

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I understand that checking this box constitutes a legal digital signature confirming my understanding and agreement to the above.

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.

## Optional Contribution

nea WISCONSIN EDUCATION ASSN COUNCIL

OptionalFunds Payment PACPayment Finalize

### Optional Funds Contributions

Choose to Select Funds for Annual,\* Recurring Contributions

Suggested Amount

<input type="checkbox"/> NEA Fund for Children & Public Ed	15
Total Contributions	\$0.00

\*Annual refers to the Membership Term. Any funds to which you contribute will recur annually. The payment method and schedule you select for your annual dues obligations will be applied to the funds you select here.

### Read and acknowledge by checking the box below.

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Back Quit and Close Next

Continue

nea

WISCONSIN EDUCATION ASSN COUNCIL



Payment

PACPayment

Finalize

### SELECT PREFERRED PAYMENT METHOD

- Check/Money Order
- Electronic Funds Transfer
- Credit Card

### Payment Method: Electronic Funds Transfer

#### Select Payment Frequency

- Total Dues, Fees and Assessments and Any Voluntary Contributions Paid in 20 Installments
- Single Annual Payment of All Dues, Fees, Assessments and Any Voluntary Contributions.

### Payment Method: Electronic Funds Transfer

#### Payment Schedule Summary

Membership dues, fees and assessments and any voluntary Contributions for the school year ending August 31, 2021, total \$802.00 and will be debited from the account provided below in 20 equal installments in the amount of \$40.10 beginning 09/10/2020. To see your full membership deduction schedule please click: [here](#)

Do Not Use the routing number off a deposit slip. The routing number on your deposit slip is used for the bank's internal system and will cause your EFT to fail.

\*Routing Number

021000021

JPMORGAN CHASE BANK

\*Account Number

021000021

\*Re-enter Account Number

021000021

\*Account Type

- Checking
- Savings

#### Authorization

I authorize the WISCONSIN EDUCATION ASSN COUNCIL to debit my checking/savings account provided for annual membership dues, fees and assessments, and any voluntary fund contributions according to the above payment schedule. I understand that if the annual dues, fees or assessment amount changes, I will be notified at least ten (10) days in advance of any change to the payment schedule above. Following notice of a change, I authorize WISCONSIN EDUCATION ASSN COUNCIL to modify the payment schedule above by changing the amounts charged to reflect the new amount as allocated according to that schedule. I understand that the total amount of my annual fund contributions listed above, if any, shall not change from year-to-year unless I notify WISCONSIN EDUCATION ASSN COUNCIL of a change to future annual contribution amounts online at <https://www.mynea360.org/SiteLogin> or in writing sent to WISCONSIN EDUCATION ASSN COUNCIL, PO BOX 8003, MADISON, WI 53708-8003. Upon receipt of this notice, I authorize WISCONSIN EDUCATION ASSN COUNCIL to modify the payment schedule above by changing the amounts charged to reflect the new amount as allocated according to that schedule. I understand that this authorization for the payment of membership dues, fees and assessments and any voluntary fund contributions, continues year-to-year and shall remain in effect until the earlier of: 1) my written notice of cancellation according to the procedure below, or 2) the termination of my eligibility to maintain membership in the membership category selected. I understand that the rejection of any electronic funds transaction shall not constitute the termination of my membership. If a scheduled payment fails to process on the date scheduled, I understand that the state association will attempt to resubmit the transaction in accordance with standard industry practices and as permitted by law. I understand that to terminate this authorization, I must do so online at <https://www.mynea360.org/SiteLogin>, or in writing, addressed to National Education Association, Business Systems Support Suite 419, 1201 16th St. NW Washington, DC, 20036, or to WISCONSIN EDUCATION ASSN COUNCIL, WISCONSIN EDUCATION ASSN COUNCIL, PO BOX 8003, MADISON, WI 53708-8003. Written notice of termination must include the following information: 1) full name, 2) home address, 3) employer, 4) state association, 5) local association and 6) membership number. I understand that termination of this authorization will take effect 7 business days after the date notice of termination is received. I further understand that termination of this authorization does not relieve me of my membership dues obligation and that I will need to contact WISCONSIN EDUCATION ASSN COUNCIL with an alternative method of payment.

I understand that checking this box constitutes a legal digital signature confirming my understanding and agreement to the above.

Click hyperlink to view entire payment schedule.

Back

Quit and Close

Next

## Deduction Schedule Pop-up

✕

Deduction Amount	Deduction Date
\$40.10	09/10/2020
\$40.10	09/25/2020
\$40.10	10/10/2020
\$40.10	10/25/2020
\$40.10	11/11/2020
\$40.10	11/25/2020
\$40.10	12/10/2020

Close Window

## Review & Finalize

nea WISCONSIN EDUCATION ASSN COUNCIL

Finalize

### Summary Review

#### Individual

**Name**  
Jane Smith

**Email**  
e-mail@e-mail.com

**Mailing Address**  
33 Nob Hill Rd  
Madison WI 53713-2199

#### Membership Information

**Membership Type**  
Active Professional FT

**Membership Year**  
Beginning the first day of the 2020 - 2021 School Year

**Enrollment Date**  
Aug 9, 2020

**Membership Term**  
12 months

#### Affiliations

**Local**  
BELOIT EDUCATION ASSOCIATION

**State**  
WISCONSIN EDUCATION ASSN COUNCIL

**National**  
NATIONAL EDUCATION ASSOCIATION

#### Obligations & Contributions

**Total Dues , Annual**  
\$802.00

**Payment Type**  
Electronic Funds Transfer

**Payment Schedule**  
Total Dues, Fees and Assessments and Any Voluntary Contributions Paid In 20 Installments

**Payment Info**

### Authorizations & Disclaimers

#### Membership Consent

Yes, I want to join with my fellow employees and become a member of the BELOIT EDUCATION ASSOCIATION, the WEAC REGION 6, the WISCONSIN EDUCATION ASSN 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 three associations.

#### Annual Payment Authorization

I further agree to pay the annual (September 1 - August 31) dues, fees, and assessments required for membership in the three associations and to continue to do so each membership year unless I cancel as set forth below. The annual dues, fees and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations. I agree to pay on a continuing basis, by any payment method accepted by the WISCONSIN EDUCATION ASSN COUNCIL, and regardless of my membership status, the modified annual dues, fees, and assessments established by the governing bodies of the three associations unless I provide written notification to the WISCONSIN EDUCATION ASSN COUNCIL before September 15 of the membership year in which the membership is to be cancelled.

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#### Payment Summary

Membership dues, fees and assessments and any voluntary Contributions for the school year ending August 31, 2021, total \$802.00 and will be debited from the account provided below in 20 equal installments in the amount of \$40.10 beginning 09/10/2020.

#### Contributions Disclaimer

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#### Tax Deduction Disclosure

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#### Voluntary Agreement

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#### Digital Signature

I understand that checking this box constitutes a legal digital signature confirming my understanding and agreement to the above.

Must click to Finalize Membership

Finalize Membership Application



# NEA/WEAC Online Sign-up (JoinNow) Member Experience



Confirmation form e-mails to member



WISCONSIN EDUCATION ASSN COUNCIL

### Success

Congratulations and thank you for your membership. Please check your email for confirmation and a welcome message from your state affiliate. You may also print this page as a reference. To check your membership [Click Here](#)

### Individual

#### Name

Jane Smith

#### Email

e-mail@e-mail.com

#### Mailing Address

33 Nob Hill Rd  
Madison WI 53713-2199

### Membership Information

#### Individual ID

0010452543

#### Membership Type

Active Professional FT

#### Membership Year

Beginning the first day of the 2020 - 2021 School Year

#### Enrollment Date

Aug 9, 2020

#### Membership Term

12 months

### Affiliations

#### Local

BELOIT EDUCATION ASSOCIATION

#### State

WISCONSIN EDUCATION ASSN COUNCIL

#### National

NATIONAL EDUCATION ASSOCIATION

### Obligations & Contributions

**Total Dues , Annual**  
\$802.00

#### Payment Type

Electronic Funds Transfer

#### Payment Schedule

Total Dues, Fees and Assessments and Any Voluntary Contributions Paid in 20 Installments

#### Payment Info

### Authorizations & Disclaimers

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#### Digital Signature

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Thank you e-mail from WEAC

Subject: Welcome to WEAC!

Dear John

Thank you for making the great decision to join our union. We are excited to welcome you to Wisconsin's strongest association of public school educators, advancing you professionally and personally. **Your membership ID is: 1234567890 .**

Some of your benefits include:

- \$1,000,000 Liability Policy
- Complimentary NEA life insurance policy
- WEA Member Benefits, including affordable auto and homeowners insurance policies
- WEA Academy, including free and reduced-rate professional development courses
- National Board Certification support and hundreds of free micro-credentials

Explore all of the benefits of membership at [www.weac.org/membership](http://www.weac.org/membership).

Find us on Facebook, Instagram and Pinterest @MyWEAC!

Thank You,

Ronald "Duff" Martin, President  
Wisconsin Education Association Council (WEAC)

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