

# 2023/24 WEAC-Retired Membership Form

## 1. Membership Commitment

<u>                    </u> <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 chapter 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 and the chapter association 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 to such alerts. I may rescind this authorization by providing reasonable notice to update my communication preferences by emailing membership@weac.org.*

## 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"/>	\$267.50 WEAC & NEA Lifetime Educational Support Professional (ESP) <input type="checkbox"/>	\$75 Annual Teacher (Sept. – Aug.) <input type="checkbox"/> <i>Annual renewal needed to maintain this membership</i>	\$61 Annual ESP (Sept. – Aug.) <input type="checkbox"/> <i>Annual renewal needed to maintain this membership</i>
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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.*

\$37.50 Chapter Lifetime	\$50 Chapter Lifetime	\$60 Chapter Lifetime		\$75 Chapter Lifetime	\$100 Chapter Lifetime
<input type="checkbox"/> MEAA (Milwaukee Teachers Assistants)	<input type="checkbox"/> Educators of Central Wisconsin <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"/> Racine Education Association <input type="checkbox"/> Southern Lakes United Educators

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

### 5. Payment Authorization

<p>_____ <b>YES!</b> <i>Initial Here</i></p>	<p>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 addressed to WEAC and delivered via email to <a href="mailto:membership@weac.org">membership@weac.org</a> or by mail to PO Box 8003, Madison, WI 53708. 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. <b>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 reprisal.</b></p>
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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	<p><i>Select Payment Option:</i></p> <input type="checkbox"/> One-time charge <input type="checkbox"/> 10 <sup>th</sup> of the month recurring payments (September– August)  Card #: _____ Expiration Date: _____	<p><i>Select Payment Option:</i></p> <input type="checkbox"/> One-time charge <input type="checkbox"/> 10 <sup>th</sup> of the month recurring payments (September– August)  Bank Name: _____ Routing #: _____ Account #: _____
<p>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.</p>		

**EFT or Credit Card Payment Authorization** I authorize the Wisconsin Education Association Council (WEAC) 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, 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 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 of a change, 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 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 in a signed writing, addressed to WEAC, and delivered via email to [membership@weac.org](mailto: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, and 3) 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

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

**NOTE:** WEAC-Retired is the state's **ONLY** retiree organization affiliated with your local, WEAC, and the NEA. Your statewide WEAC-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.