

Together. A Stronger Voice.

23/24 Membership: Racine Education Association



Step 1: Join

Check boxes below and sign.

MEMBERSHIP COMMITMENT: YES!

I want to join with my fellow employees and become a member of the Racine Educators United- Racine 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. 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 REPRISAL.



SIGNATURE _____ **DATE** _____

Complete payment information in Step 4. Dues payments are not tax-deductible as charitable contributions.

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

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

Address: _____ City: _____ State/Zip: _____

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

Work Email: _____ Work Phone: _____

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, Racine Educators United – Racine Education 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, region/urban and local association will never charge for text message alerts. Text STOP in reply to any text message to stop receiving texts 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.

Step 2: Your professional needs and opportunities

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 --

Step 3: Supporting pro-public education elected officials (optional)

YES! I WANT TO ADVANCE NATIONAL POLICIES THAT HELP EDUCATORS, STUDENTS, AND PUBLIC EDUCATION.

I hereby authorize the following contribution to the NEA Fund for Children and Public Education (NEA Fund) to build a strong voice for educators.

I want to donate (optional), per payment (see below): \$15 \$10 \$5 \$1 Other \$_____ per payment

The NEA Fund, the WEAC Political Action Committee (WEAC PAC), and the Racine Education Association (REA PAC) are political action committees that collect voluntary contributions from Association members and uses these contributions 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 lawful 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. Although the NEA Fund requests an annual contribution of \$15.00, this is only a suggestion. 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 Fund, WEAC PAC, Region/Urban 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 Fund 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 WEAC PAC, Region/Urban PAC, and Local PAC (if collected) to use best efforts to collect and report the name and mailing address of all PAC contributors, and occupation of those contributing over \$200 in a calendar year, to the Wisconsin Ethics Commission.

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 Region/Urban PAC or Local PAC (if collected) contribution, which is used for political activity, by writing to Racine Educators United, 1201 West Blvd, Racine, WI 53405 between Sept 1 and Oct 30, or within 60 days of joining. This information is published annually. My membership will not be affected by a request for a refund. Once I request a WEAC, Region/Urban or Local PAC rebate, no contributions will be drawn in future membership years with respect to the PAC(s) for which I have requested a rebate(s), unless I specifically request in writing to reinstate said PAC participation.

Step 4: Automatic Payment Information

I agree to pay annual dues and any optional NEA Fund contribution I have authorized in Step 3 through the below:

SELECT ONE PAYMENT OPTION

One-time Payment of full dues for the year* Yearly amount: \$886.00 Full-Time; \$454.50 Part-Time; \$239.00 Less than Part-Time

Automatic Bank Draft from Checking or Savings (*preferred*) Credit/Debit Card Written Check** (*include full or partial payment*)

Recurring Dues Payment Schedule Options below*

Check the appropriate box for hours worked:

		<input type="checkbox"/> Full-Time (51-100%)	<input type="checkbox"/> Part-Time (26-50%)	<input type="checkbox"/> Less than PT (25% or less)	NEA Fund, Optional (Step 3)
<input type="checkbox"/> Auto Bank Draft (EFT) <i>Preferred Method</i>	Pay schedule of 20 deductions from September-June	\$44.30	\$22.73	\$11.95	\$_____/per payment
--OR--					
<input type="checkbox"/> Credit/Debit Card or Written Check**	Pay schedule of 12 deductions on the 10 th of each month	\$73.83	\$37.88	\$19.92	\$_____/per payment

* Includes WEAC PAC contributions of \$19.99 Full-Time, \$10.00 Part-Time, \$5.00 Less than Part-Time; Region PAC contributions of \$3.00 Full-Time, \$1.50 Part-Time, \$0.75 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 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 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. 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.

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SIGNATURE _____ **DATE** _____

COMPLETE FOR EFT OR CC PAYMENTS	Auto Bank Draft (EFT) Information <i>Preferred Method</i>	OR	Credit or Debit Card (CC) Information
	Bank Name _____ <input type="checkbox"/> Checking Routing # (9 digits) _____ <input type="checkbox"/> Savings Account # _____ Signature: _____ ➔		Name on Card (<i>if different</i>) _____ Card Number _____ Expiration Date _____ Signature: _____ ➔