

Together. A Stronger Voice.

2024/25 Membership Payment Update and/or Transfer



Continue with Our Union

First Name: _____ Last: _____ Date of last employment: _____

Date in new District: _____ New District: _____ New Work Location: _____

Position: _____ Home Email: _____ Cell*: _____

Address (if changed): _____

**By providing my cell phone number above, I understand that the National Education Association and its affiliates including WEAC, the Region and Local, NEA Member Benefits, and NEA360 may use automated calling techniques and/or text message me on a periodic basis. These entities will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP in reply to any text message to stop receiving texts from the entity that sent the message or email membership@weac.org.*

Check the box below

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 or by completion of the online cancellation form at www.weac.org/2023mcrform. 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.

Transfer Authorization, if applicable

TRANSFER MEMBERSHIP AUTHORIZATION: YES!

I hereby agree to transfer my membership from my previous local listed below to my new local listed above. I understand I will receive confirmation of my updated dues amounts via mail in the summer or by email if my membership is transferred after the yearly mailer is sent.

Previous Local or District Name: _____

Update Payment Information, if applicable


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 the final installment amount for the membership year may include a residual amount, not to exceed \$1.00, representing the sum that cannot be evenly distributed among the installments.

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 via the online cancellation form at www.weac.org/2023mcrform or 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.

Terms and conditions of membership are set forth in the initial membership agreement entered into by the member and NEA, WEAC and its affiliates and any addendums thereto, including but not limited to this update.

 SIGNATURE _____ DATE _____

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