

Together. A Stronger Voice.

2025/26 WEAC-Retired Membership



Continue with our union

Check the boxes below and sign. This membership can be pre-paid while you are still working.

☐ MEMBERSHIP COMMITMENT: YES!

I want to join with my fellow educators and become a member of the Wisconsin Education Association Council-Retired, National Education Association-Retired and the Retired Chapter, (if selected below). I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all associations. Unified WEAC and NEA retired membership gives access to WEA Member Benefits, NEA Member Benefits and state and national communications and events.

☐ PAYMENT AUTHORIZATION: YES!

I hereby agree to pay the lifetime dues or 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 (if applicable), 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/2023mcform. 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 ANY REPRISAL.



SIGNATURE _____ **DATE** _____

Complete payment information on the back. Dues payments are not tax-deductible as charitable contributions for federal income tax purposes.

First Name: _____ Middle: _____ Last: _____ Retirement Date*: _____

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

Address: _____ City: _____ State/Zip: _____

**If pre-paying for retired membership, the retirement date can be an estimate. Please contact WEAC Membership when you officially retire so we can update your membership.*

*** By providing my cell phone number above, I understand that the National Education Association and its affiliates including WEAC, WEAC-Retired Chapter, 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.*

Join the retired chapter near you

Retired chapter membership gives access to chapter communications and events in your area. All chapter dues are lifetime. Chapter membership is recommended but optional. Not sure which chapter? Go to www.weac.org/retired for a map.

\$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

-- CONTINUE ON BACK TO JOIN WEAC/NEA RETIRED --

Support elected officials who support public education (optional)

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

YES! I WANT TO ADVANCE POLICIES THAT POSITIVELY IMPACT EDUCATORS, STUDENTS, AND PUBLIC EDUCATION.

I hereby authorize the following contribution to the WEAC PAC to build a strong voice for educators.

I want to donate the following amount annually: \$100 \$50 \$25 \$20 Other \$

The WEAC Political Action Committee (WEAC PAC) is a political action committee that collects 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 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 WEAC PAC 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 WEAC PAC requests an annual contribution of \$20.00, this is only a suggestion. A member may contribute to the WEAC PAC more or less than the suggested amount, or may contribute nothing at all, without it affecting his or her membership status, rights, or benefits. The WEAC PAC is subject to regulation by the Wisconsin Ethics Commission. State law requires WEAC PAC, 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 to stop 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. My membership will not be affected by a request to stop WEAC PAC contributions. Once I request WEAC PAC contributions to cease, no contributions will be drawn in future membership years with respect to the PAC for which I have requested a stop payment, unless I specifically request in writing to reinstate said PAC participation.

Join WEAC/NEA retired (required)

I agree to pay lifetime or annual dues as indicated below and any optional retired chapter dues or WEAC PAC contributions I have authorized above.

SELECT MEMBERSHIP DUES OPTIONS.

The dues payment is a total of all options selected.

Job Classification	WEAC/NEA Lifetime Dues		WEAC/NEA Annual Dues*	ADDED CHOICES	Retired-Chapter Lifetime Dues	WEAC PAC Contribution	TOTAL
<input type="checkbox"/> Educational Professional (Teacher)	<input type="checkbox"/> \$475.00	OR	<input type="checkbox"/> \$75.00		<input type="checkbox"/> \$ (see table on page 1)	<input type="checkbox"/> \$	\$
<input type="checkbox"/> Educational Support Professional (ESP)	<input type="checkbox"/> \$267.50		<input type="checkbox"/> \$61.00		<input type="checkbox"/> \$ (see table on page 1)	<input type="checkbox"/> \$	\$

SELECT PAYMENT OPTION.

- ☐ One-time Payment of full dues for the year on the 10th of the month after membership is activated
- ☐ Recurring Dues Payment distributed between September, 2025 and August, 2026 on the 10th of each month

SELECT PAYMENT METHOD.

- ☐ Use payment method already on file ☐ Automatic Bank Draft from Checking or Savings (preferred)
- ☐ Credit/Debit Card ☐ Check (payable to WEAC)

*Though annual dues total the lifetime dues after 6 years, the previous years' payments cannot be applied to lifetime membership.

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 WEAC, the NEA, and retired chapter (if applicable), 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 WEAC PAC 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 WEAC PAC 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/2023mcform 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.

SIGNATURE DATE

COMPLETE FOR EFT OR CC PAYMENTS	Auto Bank Draft (EFT) Information		OR	Credit or Debit Card (CC) Information	
	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:	