



WE'RE HERE TO MAKE SURE THAT EVERY STUDENT SUCCEEDS
 Together, we are creating a future shaped by our members, worthy of our students, and essential to the nation.



2022-2023 Wyoming Membership Contract

PLEASE PRINT AND FILL OUT EVERY BOX/LINE, THEN SIGN & DATE IN APPROPRIATE PLACE(S)

Membership Commitment: Yes - I want to join my fellow employees and become a member of my local association, the WEA, 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: Yes - I hereby agree to pay the annual dues, fees, and assessments established by the three associations in consideration for the services the union provides (September 1- August 31). 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 three associations through payroll deduction or other payment arrangements unless I revoke this authorization in a written signed letter sent via U.S. mail to WEA at the address below or a confirmed email sent to membership@wyoea.org before September 20. I understand that should I terminate my employment or terminate my membership after September 20, I will owe the remaining dues balance for that membership year.

Payroll Authorization: Yes - Unless I choose a different payment method below, I hereby instruct and authorize (Employer) _____ to deduct from my salary my professional dues, in an amount determined and periodically adjusted by the WEA, and to transmit those dues to the WEA, in accordance with the agreed upon payroll deduction procedure. I understand that I may revoke this authorization before September 20 of any calendar year for the ensuing year by giving written notice to that effect to my employer's payroll office, the local association, and the WEA office. I hereby waive all right and claim for said monies so deducted and transmitted in accordance with this authorization and relieve the school board and all its officers from any liability. **I understand that**, should I terminate my employment or wish to terminate my membership at any time within the membership year, I will owe the remaining dues balance for the membership year.

Due's payments are not deductible as charitable contributions for federal income tax purposes.

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.

Member's Signature: _____ **Date:** _____

SSN4 (last four digits only) FirstName M LastName

Mailing Address: Apartment, Lot, or Unit #:

City/State/Zip:

If above mailing address is a **PO Box**, provide **Street Address, Town, Zip** here:

*Cell Phone: Non-Work Email:

**By providing my phone number, I understand that the National Education Association, NEA Member Benefits, NEA360, WEA and Local Associations may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. Neither the NEA nor any of its affiliates will ever charge for text message alerts. Carrier message and data rates may apply to such alerts.

Ethnicity: African-American/Black Asian Caucasian (not Hispanic origin) Hispanic Native American/Alaska Native
 Native Hawaiian/Pacific Islander Multi-Ethnic Other

Gender: Female Male Gender Expansive/Non-Conforming Other

DOB: / / **Date of Hire:**

Local Association Name: Position (choose from list on back):

School Building/Work Site/Campus: Subject (choose from list on back):

Yes - I WANT ELECTED OFFICIALS WHO STAND UP FOR PUBLIC EDUCATION AND MY STUDENTS. I hereby authorize the following contribution(s) to be made:

WEA-PACE membership – I wish to contribute:

\$20 annually **WEA PACESETTER** - \$50 annually **WEA Super PACESETTER** - \$100 annually other _____

The Wyoming Education Association Political Action Committee for Education (WEA-PACE) collects voluntary contributions from Association members and uses those contributions for political purposes, including to endorse candidates for state/local office who promote public education and public school and college employees. A representative committee makes endorsements of candidates in a non-partisan fashion. Contributions to WEA-PACE are voluntary; contributing is neither a condition of employment nor of membership in WEA, NEA, or any of its affiliates, and members have the right to refuse to contribute without suffering any reprisal.

NEA Fund for Children and Public Education – I wish to contribute:

\$15 annually \$30 annually \$50 annually other _____

The NEA Fund for Children and Public Education (NEA Fund) collects voluntary contributions from Association members which are used 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 office. Only U.S. citizens or lawful permanent residents may contribute to the NEA Fund. Contributions to the NEA Fund are voluntary; making a contribution is neither a condition of employment nor membership in the NEA, WEA and LEA, and members have the right to refuse to contribute without suffering any reprisal. A member may contribute more or less than the suggested amount, or may contribute nothing at all, without it affecting their membership status, rights, or benefits in NEA or any of its affiliates.

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

Contributions made through payroll deduction will continue in the amounts stated above until a member revokes their payroll deduction authorization in the manner discussed above, or until a member notifies WEA or their Local that they wish to change the amount contributed or stop contributions altogether.

Member's Signature (ONLY IF CONTRIBUTING TO WEA-PACE OR NEA FUND): _____ **Date:** _____

Affiliate	Membership Type (see information on back of member's copy)	Annual Dues
NEA		
WEA		
LEA		
WEA-PACE	If contributing, fill in amount ➔	
NEA Fund for Children and Public Education	If contributing, fill in amount ➔	
Total:		

Select Payment Method

- Check (requires full payment of annual dues) Check #: _____
- Credit Card-I'm authorizing the one-time payment of my annual dues.
 - Type of Credit Card: _____
 - Credit Card Number: _____
 - Expiration Date (MM/YYYY): _____
 - 3-digit number on back of card: _____
- Electronic Funds Transfer (EFT) – **attach an EFT Form and Voided Check**
- Payroll Deduction

Recruited by: _____

Mail to: Wyoming Education Association, 115 East 22nd Street, Cheyenne, WY 82001