



# A Commitment to WEA



Westminster Education Association

Yes Count Me In Form --- Membership Enrollment Form / Authorization for Dues Payment/

WEA is your professional organization through which members work together at the building, district, state, and national levels to meet the needs of our colleagues and the students we serve. We encourage you to consider how you can contribute to the effectiveness of our Association, which will positively affect your colleagues' working conditions which are, after all, our students' learning conditions.

Name: \_\_\_\_\_  
First Middle Last

## YES! Count me in to Help with:

**\*Please check those tasks with which you'd like to help.**

### **Communication and Outreach:**

- Help with maintaining building site bulletin boards
- Help with distributing literature into staff mailboxes
- Help with making phone calls to members (i.e. prior to each 10 minute meeting, meeting reminders)
- Help with snacks/drinks for the monthly 10 minute meetings
- Conducting member elections and balloting at our building
- Help with updating membership records
- Help with building home e-mail lists
- Increasing participation in WEA and other surveys
- Designing or creating posters as needed
- Attend WEA Teaching and Learning opportunities

### **Representative**

Serve as a representative (or an alternate) of your building on the:

- AR Council
- BAT (Building Action Team (Certified or ESP AR, Membership Lead, Political Action)
- FAC/CAC (Facility Advisory Committee/Classified Advisory Committee)
- Member of a WEA/District committee (many opportunities available)
- Attend School Board Meetings to increase WEA's presence

### **Membership and Recognition:**

- Help to welcome new members and ensure they are aware of how to get involved
- Help with contacting potential members
- Becoming a contact at our building for Member Benefits
- Writing an article for the WEA newsletter about member/building accomplishments or other news

### **Political Action:**

- Distribute information about legislation, elections, etc. to members in my building and or neighborhood
- Communicating with legislators about WEA and public education issues
- Be a liaison for House Representative in our area
- Participate in Lobby Day at the Capitol
- Other \_\_\_\_\_

### **Event Planning:**

- Help plan activities for Read Across America Day
- Help plan activities for American Education week
- Help with planning social events for members at your building
- Help with WEA membership activities
- Other \_\_\_\_\_

**Complete this side  
and other side.**

# 2018-2019 Membership and Dues Deduction Form

## Personal Information

**PLEASE PRINT**

Last 4 of your Social Security # \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Apt/Unit#  
 \_\_\_\_\_  
City State Zip Code

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Email: \_\_\_\_\_ @ \_\_\_\_\_

Work Email: \_\_\_\_\_ @ [westminsterpublicschools.org](mailto:westminsterpublicschools.org)

Gender: \_\_\_\_\_ M \_\_\_\_\_ F

Office Use: NEA ID

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Ethnicity, check:

- Caucasian not of Hispanic Origin
- American Indian/Alaska Native
- Asian
- African American
- Hispanic
- Multi-Ethnic
- Native Hawaiian/Pacific Islander
- Other

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No

Political Party Affiliation:

- Rep  Dem  Indep  Other \_\_\_\_\_

Please check if you are a citizen of the United States  
 (This question is required by law)

## Member Information

School/Worksite \_\_\_\_\_

Membership Type:  Active PreK-12 Educator  Active Education Support Professional (ESP)

I hold what position: \* \_\_\_\_\_ Subject or Grade Level (if applicable): \_\_\_\_\_

\*K-12 Classroom teacher, Pre-K teacher, Psychologist, Media Specialist, Social Worker, Special Education Teacher, Title teacher, Speech/Hearing Therapist, Counselor, Bus Driver, Bus Monitor, Custodian, Office Assistant, Building Aide, Title Para, Sped Para, Department Assistant, other.

**Dues**      **2016-2017 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)**

### Licensed Personnel

### Educational Support Professionals

Check if you were a student member last year.

\*ESP members working 1387.5 hours or more shall be considered full time.

	Full-time	\$76.09		Full-time first year	\$48.30
	Part-time	\$38.96		Part-time first year	\$25.06

	Full-time	\$39.75
	Part-time*	\$20.86

	Full-time first year	\$25.86
	Part-time first year	\$13.91

**WEA/CEA First-Time First Year Reduced Dues** are available to those employees when it is your first year ever to be employed by any public school district in the U.S.

<input type="checkbox"/>	<b>Electronic Funds Transfer (EFT) – preferred method of payment</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> <small>(Information will be kept confidential and not shared outside the Association)</small>
Bank Routing # _____ Bank Account # _____		
<input type="checkbox"/>	<b>Payroll Deduction</b> - Adams County School District 50, hereinafter referred to as "the District" is authorized and requested to deduct the sum stated above from each monthly salary check payable to me beginning after the date stated below. The District will remit to the Westminster Education Association, hereinafter referred to as "WEA," such deductions for the purposed of dues payment. I understand this authorization will remain in effect unless I provide written notification to the WEA to cancel this authorization between June 1st and June 15 <sup>th</sup> . I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15 <sup>th</sup> annually as long as this authorization is in effect and Article 33 of the Licensed Agreement and Article 16 of the Educational Support Professionals Agreement between WEA and the District are in effect. I expressly agree that the District shall not be liable in any way for any oversight, omission or failure in the making of such remittance, or be under any obligation to see that dues receipt and application of said amount is paid.	

I hereby authorize my monthly dues to be collected and paid to the Westminster Education Association, per my selection above.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Dues are deductible as a miscellaneous itemized deduction for federal income tax purposes. Dues payments are not deductible as charitable contributions.

Name of Recruiter: \_\_\_\_\_