



TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type:
[ ] Active PreK-12 Educator [ ] Active Education Support Professional (ESP)
[ ] Principal/Assistant Principal [ ] Substitute [ ] Other

\*School/Worksite: Local Association: Westminster Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel, Educational Support Professionals. Includes rows for Full-time and Part-time with specific dollar amounts.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction - 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. 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 15th.

I hereby authorize my monthly dues to be collected and paid to the Westminster Education Association, per my selection above.
I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminster Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
<input type="checkbox"/>	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 purpose 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 15th.

I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15th 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.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminster Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
<input type="checkbox"/>	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 purpose 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 15th.

I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15th 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.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type: Active PreK-12 Educator Active Education Support Professional (ESP)
Principal/Assistant Principal Substitute Other

\*School/Worksite: Local Association: Westminister Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel, Educational Support Professionals. Includes rows for Full-time and Part-time with various rates.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction - 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. 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 15th.

I hereby authorize my monthly dues to be collected and paid to the Westminister Education Association, per my selection above.
I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.





# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminister Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 Westminister Education Association, hereinafter referred to as "WEA," such deductions for the purpose 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 15th.

I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15th 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 Westminister Education Association, per my selection above.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminster Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
<input type="checkbox"/>	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 purpose 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 15th.

I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15th 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.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type: Active PreK-12 Educator Active Education Support Professional (ESP)
Principal/Assistant Principal Substitute Other

\*School/Worksite: Local Association: Westminister Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel, Educational Support Professionals. Includes rows for Full-time and Part-time with specific dollar amounts.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction - 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 Westminister 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 15th.

I hereby authorize my monthly dues to be collected and paid to the Westminister Education Association, per my selection above.
I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminster Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
<input type="checkbox"/>	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 purpose 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 15th.

I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15th 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.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.

2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.

3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.

4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.

The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.

5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.

6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.

7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.





# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminister Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
<input type="checkbox"/>	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 Westminister Education Association, hereinafter referred to as "WEA," such deductions for the purpose 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 15th.

I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15th 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 Westminister Education Association, per my selection above.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type:
[ ] Active PreK-12 Educator [ ] Active Education Support Professional (ESP)
[ ] Principal/Assistant Principal [ ] Substitute [ ] Other

\*School/Worksite: Local Association: Westminister Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel, Educational Support Professionals. Includes rows for Full-time and Part-time with specific dollar amounts.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction - 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. 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 15th.

I hereby authorize my monthly dues to be collected and paid to the Westminister Education Association, per my selection above.
I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminister Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
<input type="checkbox"/>	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 Westminister 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 Westminister Education Association, per my selection above.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminister Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 Westminister Education Association, hereinafter referred to as "WEA," such deductions for the purpose 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 15th.

I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15th 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 Westminister Education Association, per my selection above.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.





# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminster Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 purpose 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 15th.

I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15th 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.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type:
[ ] Active PreK-12 Educator [ ] Active Education Support Professional (ESP)
[ ] Principal/Assistant Principal [ ] Substitute [ ] Other

\*School/Worksite: Local Association: Westminster Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel, Educational Support Professionals. Includes rows for Full-time and Part-time with specific dollar amounts.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction - 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 15th.

I hereby authorize my monthly dues to be collected and paid to the Westminster Education Association, per my selection above.
I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type:
Active PreK-12 Educator
Active Education Support Professional (ESP)
Principal/Assistant Principal
Substitute
Other

\*School/Worksite: Local Association: Westminster Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel, Educational Support Professionals. Includes rows for Full-time and Part-time with specific dollar amounts.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

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

I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type:
[ ] Active PreK-12 Educator [ ] Active Education Support Professional (ESP)
[ ] Principal/Assistant Principal [ ] Substitute [ ] Other

\*School/Worksite: Local Association: Westminister Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel, Educational Support Professionals. Includes rows for Full-time and Part-time with specific dollar amounts.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction - 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 Westminister 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 15th.

I hereby authorize my monthly dues to be collected and paid to the Westminister Education Association, per my selection above.
I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.





# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminister Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
<input type="checkbox"/>	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 Westminister Education Association, hereinafter referred to as "WEA," such deductions for the purpose 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 15th.

I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15th 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 Westminister Education Association, per my selection above.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_
Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org
Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_
US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_
Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other

Membership Type: [ ] Active PreK-12 Educator [ ] Active Education Support Professional (ESP)
[ ] Principal/Assistant Principal [ ] Substitute [ ] Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminister Education Association
\*I hold what position: \_\_\_\_\_ Subject or Grade Level (if applicable): \_\_\_\_\_

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel, Educational Support Professionals. Includes rows for Full-time and Part-time with various rates.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction - 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 Westminister 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 15th.

I hereby authorize my monthly dues to be collected and paid to the Westminister Education Association, per my selection above.
I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.

2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.

3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.

4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.

The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.

5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.

6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.

7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)  
 First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org  
 Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_  
 US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_  
 Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

Membership Type:  Active PreK-12 Educator  Active Education Support Professional (ESP)  
 Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminster Education Association  
 \*I hold what position: \_\_\_\_\_ Subject or Grade Level (if applicable): \_\_\_\_\_

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 purpose 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 15th.

I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15th 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.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)  
 First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org  
 Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_  
 US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_  
 Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

Membership Type:  Active PreK-12 Educator  Active Education Support Professional (ESP)  
 Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminister Education Association  
 \*I hold what position: \_\_\_\_\_ Subject or Grade Level (if applicable): \_\_\_\_\_

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
<input type="checkbox"/>	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 Westminister 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 Westminister Education Association, per my selection above.  
 \_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.





# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminster Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
<input type="checkbox"/>	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 purpose 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 15th.

I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15th 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.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminster Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 purpose 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 15th.

I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15th 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.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.

2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.

3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.

4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.

The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.

5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.

6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.

7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type: Active PreK-12 Educator Active Education Support Professional (ESP)
Principal/Assistant Principal Substitute Other

\*School/Worksite: Local Association: Westminister Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel, Educational Support Professionals. Includes rows for Full-time and Part-time with specific dollar amounts.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction - 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.

I hereby authorize my monthly dues to be collected and paid to the Westminister Education Association, per my selection above.
I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.

2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.

3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.

4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.

The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.

5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.

6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.

7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type:
[ ] Active PreK-12 Educator [ ] Active Education Support Professional (ESP)
[ ] Principal/Assistant Principal [ ] Substitute [ ] Other

\*School/Worksite: Local Association: Westminster Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel, Educational Support Professionals. Includes rows for Full-time and Part-time with specific dollar amounts.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction - 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 15th.

I hereby authorize my monthly dues to be collected and paid to the Westminster Education Association, per my selection above.
I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.





TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type: [ ] Active PreK-12 Educator [ ] Active Education Support Professional (ESP)
[ ] Principal/Assistant Principal [ ] Substitute [ ] Other

\*School/Worksite: Local Association: Westminster Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel (Full-time, Part-time), Educational Support Professionals (Full-time, Part-time). Includes a note: \*ESP members working 1387.5 hours or more shall be considered full time.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, Bank Account #, and a note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction - 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 15th. I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15th 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.

I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminister Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 Westminister 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 Westminister Education Association, per my selection above.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type:
[ ] Active PreK-12 Educator [ ] Active Education Support Professional (ESP)
[ ] Principal/Assistant Principal [ ] Substitute [ ] Other

\*School/Worksite: Local Association: Westminster Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel, Educational Support Professionals. Includes rows for Full-time and Part-time with specific dollar amounts.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction - 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. 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 15th.

I hereby authorize my monthly dues to be collected and paid to the Westminster Education Association, per my selection above.
I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminister Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 Westminister 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 Westminister Education Association, per my selection above.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.





TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type:
[ ] Active PreK-12 Educator [ ] Active Education Support Professional (ESP)
[ ] Principal/Assistant Principal [ ] Substitute [ ] Other

\*School/Worksite: Local Association: Westminster Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel, Educational Support Professionals. Includes rows for Full-time and Part-time with various rates.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction - 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. 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 15th.

I hereby authorize my monthly dues to be collected and paid to the Westminster Education Association, per my selection above.
I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminster Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 purpose 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 15th.

I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15th 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.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type:
[ ] Active PreK-12 Educator [ ] Active Education Support Professional (ESP)
[ ] Principal/Assistant Principal [ ] Substitute [ ] Other

\*School/Worksite: Local Association: Westminster Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel, Educational Support Professionals. Includes rows for Full-time and Part-time with specific dollar amounts.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction - 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 15th.

I hereby authorize my monthly dues to be collected and paid to the Westminster Education Association, per my selection above.
I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.

2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.

3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.

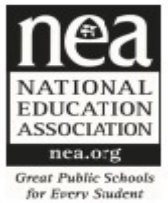
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.

The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.

5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.

6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.

7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type:
[ ] Active PreK-12 Educator [ ] Active Education Support Professional (ESP)
[ ] Principal/Assistant Principal [ ] Substitute [ ] Other

\*School/Worksite: Local Association: Westminister Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel, Educational Support Professionals. Includes rows for Full-time and Part-time with specific dollar amounts.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction - 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. 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 15th.

I hereby authorize my monthly dues to be collected and paid to the Westminister Education Association, per my selection above.
I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.





TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type:
[ ] Active PreK-12 Educator [ ] Active Education Support Professional (ESP)
[ ] Principal/Assistant Principal [ ] Substitute [ ] Other

\*School/Worksite: Local Association: Westminister Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel, Educational Support Professionals. Includes rows for Full-time and Part-time with various rates.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction section. Text: 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 Westminister Education Association, hereinafter referred to as "WEA," such deductions for the purposed of dues payment.

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

I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.

2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.

3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.

4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.

The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.

5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.

6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.

7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type:
[ ] Active PreK-12 Educator [ ] Active Education Support Professional (ESP)
[ ] Principal/Assistant Principal [ ] Substitute [ ] Other

\*School/Worksite: Local Association: Westminister Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel, Educational Support Professionals. Includes rows for Full-time and Part-time first year with corresponding dollar amounts.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction section with text: 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.

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

I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)  
 First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org  
 Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_  
 US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_  
 Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

Membership Type:  Active PreK-12 Educator  Active Education Support Professional (ESP)  
 Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminister Education Association  
 \*I hold what position: \_\_\_\_\_ Subject or Grade Level (if applicable): \_\_\_\_\_

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
<input type="checkbox"/>	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 Westminister Education Association, hereinafter referred to as "WEA," such deductions for the purpose 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 15th.

I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15th 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 Westminister Education Association, per my selection above.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminister Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
<input type="checkbox"/>	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 Westminister 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 Westminister Education Association, per my selection above.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.

2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.

3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.

4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.

The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.

5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.

6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.

7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.





TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type:
[ ] Active PreK-12 Educator [ ] Active Education Support Professional (ESP)
[ ] Principal/Assistant Principal [ ] Substitute [ ] Other

\*School/Worksite: Local Association: Westminister Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel, Educational Support Professionals. Includes rows for Full-time and Part-time with specific dollar amounts.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction - 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. 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 15th.

I hereby authorize my monthly dues to be collected and paid to the Westminister Education Association, per my selection above.
I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminister Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
<input type="checkbox"/>	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 Westminister Education Association, hereinafter referred to as "WEA," such deductions for the purpose 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 15th.

I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15th 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 Westminister Education Association, per my selection above.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.

2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.

3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.

4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.

The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.

5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.

6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.

7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminster Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 purpose 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 15th.

I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15th 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.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminster Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
<input type="checkbox"/>	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 purpose 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 15th.

I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15th 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.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.





TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type: Active PreK-12 Educator Active Education Support Professional (ESP)
Principal/Assistant Principal Substitute Other

\*School/Worksite: Local Association: Westminister Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel, Educational Support Professionals. Includes rows for Full-time and Part-time with specific dollar amounts.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction - 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 Westminister 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 15th.

I hereby authorize my monthly dues to be collected and paid to the Westminister Education Association, per my selection above.
I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type:
[ ] Active PreK-12 Educator [ ] Active Education Support Professional (ESP)
[ ] Principal/Assistant Principal [ ] Substitute [ ] Other

\*School/Worksite: Local Association: Westminster Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel, Educational Support Professionals. Includes rows for Full-time and Part-time with specific dollar amounts.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction - 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 15th.

I hereby authorize my monthly dues to be collected and paid to the Westminster Education Association, per my selection above.
I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminster Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
<input type="checkbox"/>	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 purpose 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 15th.

I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15th 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.

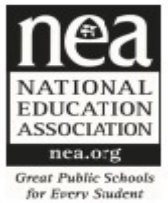
\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type: Active PreK-12 Educator Active Education Support Professional (ESP)
Principal/Assistant Principal Substitute Other

\*School/Worksite: Local Association: Westminister Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel, Educational Support Professionals. Includes rows for Full-time and Part-time with various rates.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction section. Text: 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. 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 15th.

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

I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.

2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.

3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.

4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.

The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.

5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.

6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.

7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.





# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminister Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 Westminister 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 Westminister Education Association, per my selection above.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminister Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
<input type="checkbox"/>	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 Westminister 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 Westminister Education Association, per my selection above.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type: Active PreK-12 Educator Active Education Support Professional (ESP)
Principal/Assistant Principal Substitute Other

\*School/Worksite: Local Association: Westminister Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with columns for Dues, Licensed Personnel, and Educational Support Professionals. Includes rows for Full-time and Part-time first year with corresponding amounts.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction - 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. 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 15th.

I hereby authorize my monthly dues to be collected and paid to the Westminister Education Association, per my selection above.
I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.

2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.

3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.

4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.

The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.

5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.

6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.

7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminster Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 purpose 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 15th.

I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15th 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.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.





TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at WEAOnline.org or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)
First Name MI Last Name
Mailing Address City Zip Code:
Cell Phone Home Phone
Personal Email Work Email @westminsterpublicschools.org
Date of Birth: (month) (day) (year) Ethnicity: Gender:
US Citizen: Yes No (see #4 on back of form) Referred by WEA Member:
Registered Voter: Yes No Political Affiliation: Republican Democrat Independent Other

Membership Type:
[ ] Active PreK-12 Educator [ ] Active Education Support Professional (ESP)
[ ] Principal/Assistant Principal [ ] Substitute [ ] Other

\*School/Worksite: Local Association: Westminster Education Association
\*I hold what position: Subject or Grade Level (if applicable):

Table with 4 columns: Dues, 2019-2020 monthly deduction amount, Licensed Personnel, Educational Support Professionals. Includes rows for Full-time and Part-time with various rates.

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.

Electronic Funds Transfer (EFT) section with fields for Name of Banking Institution, Bank Routing #, and Bank Account #. Includes note: Attach a voided check (Information will be kept confidential and not shared outside the Association)

Payroll Deduction - 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 15th.

I hereby authorize my monthly dues to be collected and paid to the Westminster Education Association, per my selection above.
I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

Signature Date:

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.



# TO HAVE A COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

JOIN TODAY at [WEAOnline.org](http://WEAOnline.org) or complete below

WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2019 - July 31, 2020

Last 4 of Social Security # \_\_\_\_\_ (this is CONFIDENTIAL / not sold or used outside of CEA/NEA)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Work Email \_\_\_\_\_@westminsterpublicschools.org

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No (see #4 on back of form) Referred by WEA Member: \_\_\_\_\_

Registered Voter: \_\_\_\_\_ Yes \_\_\_\_\_ No Political Affiliation: \_\_\_\_\_ Republican \_\_\_\_\_ Democrat \_\_\_\_\_ Independent \_\_\_\_\_ Other \_\_\_\_\_

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

Principal/Assistant Principal  Substitute  Other

\*School/Worksite: \_\_\_\_\_ Local Association: Westminister Education Association

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

Dues	2019-2020 monthly deduction amount (Dues are yearly divided into 12-month deductions) is: (check correct amount)					
	Licensed Personnel			Educational Support Professionals		
<input type="checkbox"/>	Check if you were a student member last year.					
	Full-time	\$77.92	Full-time first year	\$49.46	Full-time	\$40.75
	Part-time	\$39.92	Part-time first year	\$25.69	Part-time*	\$21.36
					Full-time first year	\$26.52
					Part-time first year	\$14.24

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

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)</b>	<b>Provided through CEA</b>
Name of Banking Institution _____		<b>Attach a voided check</b> (Information will be kept confidential and not shared outside the Association)
Bank Routing # _____	Bank Account # _____	

**Payroll Deduction** - 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 Westminister 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 Westminister Education Association, per my selection above.

\_\_\_\_\_ I have reviewed this form in its entirety and hereby authorize the continuing payment or dues deduction of unified dues (local affiliate, CEA, NEA as applicable) unless I revoke this authorization in writing to my local association or state in accordance with my local associations or states governing documents, I also authorize modifications of the associations' dues. (see #1 on back of form).

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

WESTMINSTER EDUCATION ASSOCIATION  
COLORADO EDUCATION ASSOCIATION  
MEMBERSHIP FORM

AUGUST 1, 2019—JULY 31, 2020

1. I understand my membership is voluntary. I fully understand that the annual association dues, fees, and assessments required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize on a continuing basis the payment of the modified dues unless I revoke my membership in writing with the appropriate local association or I am no longer working with the school district.
2. I understand that I must maintain active and continuous membership to continue to receive membership benefits, legal services, and any other NEA or CEA products.
3. By providing my cell phone number, I understand and agree that CEA / NEA / NEAMB may use automated calling, prerecorded calls, and/or text me on a periodic basis. The three affiliates will never charge for text message alerts. Carrier message/data rates may apply. I understand that I can revoke my consent at any time.
4. The CEA Active full-time membership dues for teachers, building principals, and college faculty includes \$41 Every Member Option (EMO) for political activities and \$15 Public Relations Assessment for CEA's advertising campaign. The CEA Active full-time membership dues for Education Support Professionals includes \$20.50 EMO and \$7.50 PR Assessment. EMO and the PR Assessment are pro-rated for part-time members.  
  
The CEA will refund the EMO by check if the member notifies CEA in writing before December 15 by U.S. mail or email at the CEA website, [coloradoea.org](http://coloradoea.org). CEA notifies all Active members who join after Dec 15 about EMO. Retired, Student, and Reserve members do not pay EMO or the PR Assessment, though they may make contributions to either or both. There is EMO refund information at [coloradoea.org](http://coloradoea.org). Providing U.S. Citizen information is voluntary, it is collected in order to refund Every Member Option contributions to non-U.S. citizen members in accordance with Colorado law. Ethnicity information is optional.
5. If you work half-time or less, you will pay half dues. This is determined by your employment contract and by the threshold of 1387.50 hours for Educational Support Professionals. If an Active member joins after September 1, the local association must prorate the dues by the number of months remaining in the membership year. Retired and Student memberships are not prorated.
6. Dues payments are not deductible as charitable contributions for federal income tax purposes, but (a portion) may be deductible as a miscellaneous itemized deduction.
7. All information is confidential. WEA / CEA does not sell or give away member lists. Membership is open only to public education employees and students in pre-teaching programs at any public or private college/university.