





## COLLECTIVE VOICE FOR QUALITY PUBLIC EDUCATION

## JOIN TODAY at **WEAOnline.org** or complete below WEA / CEA / NEA MEMBERSHIP FORM - August 1, 2025 - July 31, 2026

Last 4 of Social Security #	(this is CONFIDENTIAL / not	sold or used outsic	le of CEA/NEA)		
First Name	MI	Last Name			
Mailing Address	City		Zip Code:		
Cell Phone	Home Phone				
Personal Email	Work Em	nail		@wps.org	
Date of Birth: (month) (day)	(year)	Ethnicity:	Gende	er:	
US Citizen: Yes No (see #4 or	n back of form) Referred by WE	A Member:			
Registered Voter:Yes No Po	olitical Affiliation: Republ	ican Democr	at Independ	ent Other	
Membership Type: Active PreK-12 Principal/Assis	2 Educator Active Stant Principal Substit	Education Suppor	t Professional (ES	5P	
*School/Worksite:	Local Associa	tion: Westminste	r Education Asso	ciation	
*I hold what position:	Subject c	r Grade Level (if a	applicable):		
Dues 2025-2026 monthly deduction Licensed Personnel	on amount (Dues are yearly d		-	: (check correct amoun	
Check if you were a student memb	er last year. *ESI			shall be considered full time	
Full-time  \$93.58	st year \$58.67	Full-time	\$42.28	first year \$27.97	
1 1 1 1 1 1 1 1 1	st year \$29.45	Part- time*	\$22.45	Part-time first year \$15.30	
WEA/CEA First-Time First Year Reduced Due public school district in the U.S.	s are available to those employ	ees when it is your	first year ever to b	e employed by any	
Payroll Deduction – Westm sum stated above from each mont Westminster Education Association, hereinafte will remain in effect unless I provide written not I also understand that the monthly amount this authorization is in effect and Article 33 of WEA and the District are in effect. I expressly such remittance, or be under any obligation to	thly salary check payable to me be er referred to as "WEA," such deduction of the title to cancel this a to be deducted in future years will be the Licensed Agreement and Articagree that the District shall not be li-	eginning after the dat ons for the purposed of authorization between be certified by WEA to le 16 of the Educatio able in any way for an	e stated below. The of dues payment. I und June 1st and June 1 the District by Augus nal Support Professio y oversight, omission	e District will remit to the derstand this authorization $5^{th}$ . st $15^{th}$ annually as long as onals Agreement between	
Electronic Funds Transfe	er (EFT)		Provid	ed through CEA	
Name of Banking Institution				Attach a voided check (Information will be keep confidential and not shared outside the Association)	
Bank Routing # Bank Account #			confide		
I hereby authorize my monthly dues to be				· · · · · · · · · · · · · · · · · · ·	
I have reviewed this form in its entirety CEA, NEA as applicable) unless I revoke thi states governing documents, I also authorize	s authorization in writing to my loo	cal association or sta	te in accordance wi		
Signature	Da	te:			

## WESTMINSTER EDUCATION ASSOCIATION COLORADO EDUCATION ASSOCIATION MEMBERSHIP FORM

## AUGUST 1, 2025—JULY 31, 2026

- 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 \$49 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 \$24.50 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. 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. 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 <u>1387.50 hours for Educational Support Professionals</u>. 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.