



# United Faculty of Washington State Membership Enrollment Form

Social Security Number:    -   -

United Faculty of Evergreen

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address (Street, Route or Box) \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Home E-Mail \_\_\_\_\_ Work E-Mail \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Campus Bldg/Room # \_\_\_\_\_  Female  Male Date of Birth \_\_\_\_\_

Ethnic Status (optional)  American Indian/Alaska Native  Black/African American  Hispanic/Latina(o)  Choose not to declare  
 Caucasian/Euro-American  Native Hawaiian/Pacific Islander  Asian

Hire Date \_\_\_\_\_ Registered Voter  Yes  No

<b>Membership Type</b> (check only one)		
<input type="checkbox"/> Regular and Visiting	<input type="checkbox"/> Half-Time	<input type="checkbox"/> Adjunct
<input type="checkbox"/> \$60,000 and up		
<input type="checkbox"/> Under \$60,000		

FOR OFFICE USE ONLY	
TYPE	AMOUNT
AFT/NEA	
WEA/AFT-WA	
Unified	
AFL-CIO	
Local	
<b>TOTAL</b>	

For membership record inquiries, please send an e-mail to: [member.records@washingtonea.org](mailto:member.records@washingtonea.org)

Payment Method for Dues

- Check (make checks payable to "UFWS: WEA/AFTWA" for single, annual payment)
- Payroll Deduction: I, the undersigned, acknowledge that I am a member of the above-named faculty union (where the entity representing my bargaining unit is a WEA/NEA, AFTWA/AFT affiliate, the Washington Education Association, the National Education Association, American Federation of Teachers Washington and American Federation of Teachers). I hereby authorize my employer to deduct from my salary and to pay to the United Faculty of Washington State membership dues in such amounts as the affiliate unions (WEA, NEA, AFTWA, AFT) may certify as dues and owing by me in accordance with their constitutions and bylaws.

I agree that this authorization and assignment shall remain in effect until a signed and dated revocation is received by UFWS c/o the WEA Membership Department at P.O. Box 9100, Federal Way WA 98063-9100. I understand that while I can revoke my membership, I am obligated to fulfill my core dues obligation to UFWS and its affiliates during the fiscal year of revocation.

Ethnic Status, Gender, Birth Date and Voter Registration information is optional and failure to provide it will in no way affect your membership status, rights or benefits in NEA, WEA or any of their affiliates. This information will be kept confidential.

Subscriptions to *WE* (\$2.89), *NEA Today* (\$4.65), *NEA Higher Education Publications* (\$19.00), *On Campus* (\$3.50), *American Educator* (\$1.75) and *AFT-WA Spotlight* (\$12) are included in the cost of annual membership dues. Publications received by members are based on membership category.

Membership is open only to those who agree to subscribe to the goals and objectives of the Association and to abide by its constitution and bylaws.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Enroller / Faculty Representative

**Keep one copy and provide three copies to your Union Steward.**