



Washington County Education Association

Together, we can do MORE!

2023-2024 WCEA Dues: \$29.00 per pay period (24 pays)

Questions? Contact WCEA President Laurie Simmons 850-258-4332.

SCHOOL OR WORKSITE: _____

GRADE & SUBJECT AREA or POSITION: _____

XXX	XX	
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SOCIAL SECURITY NUMBER

	LAST NAME	FIRST NAME	M.I.
NAME			
ADDRESS			
CITY, STATE, & ZIP			
PHONE	CELL:	HOME:	WORK PHONE:
PERSONAL EMAIL	(not work email)		

“Alone we can do so little; together we can do so much.”
-Helen Keller

By signing below, I acknowledge that I want to join my fellow employees and become a member of the **Washington County Education Association**, the Florida Education Association, the National Education Association, and the American Federation of Teachers. I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all four associations.

I hereby agree to pay the dues, fees, and assessments established by these four associations in consideration for the services the union provides. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations.

I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the four associations through **Bank ACH** unless I revoke this authorization by providing 30 days' written notice to **Washington County Education Association** as provided by law.

MEMBER SIGNATURE

DATE

WCEA REPRESENTATIVE

Return completed form to Building Rep or Laurie Simmons at VHS