



AUTHORIZATION FOR POLITICAL CONTRIBUTIONS

Name (First, MI, Last)	Home email_	
Home Address (Street, Route or Box))	Apt
City	State	Zip
Social Security Number: (Enter last four digits)	Local Association/Employer	
	TION ASSOCIATION POLITICAL AC SOCIATION FUND FOR CHILDREN	CTION COMMITTEE (WEA-PAC) & PUBLIC EDUCATION (NEA-FCPE)
Fund for Children and Public Education contributions for political purposes in public education who are candidates for the NEA-FCPE and WEA-PAC are verthe Association, and members have the organization may discriminate against	on (NEA-FCPE) collect voluntary contribution cluding, but not limited to, making contribut for state and local office, and in the case of to cluntary; making a contribution is neither a contribute without suffert an officer or employee in the terms and cory to support or oppose, or (iii) in any way support.	nditions of employment for (i) the failure to
nothing at all, without it affecting his of permanent residents may contribute to donations from persons other than members of NEA a requires us to use our best efforts to ownose contributions to the NEA-FCPE	ess than the suggested amount of \$12 per yor her membership status, rights, or benefits to the NEA-FCPE or WEA-PAC. Federal law pembers of the NEA and its affiliates and their and its affiliates and their immediate families collect the name, mailing address, occupations aggregate in excess of \$200 in a calendary table contributions for income tax purposes	in the NEA or WEA. Only U.S. citizens or lawful rohibits the NEA-FCPE from receiving immediate families. All donations from will be returned forthwith. Federal law also on, and the name of employer of individuals ear. Contributions to WEA-PAC and/or the
whose primary place of work is in Was Public Disclosure Commission or to a Completion of this form entitles the en	may withhold a portion of a Washington states in a make contributions to a candidate for state or local office without we natity specified to make such a withholding. To evoked in writing by the employee and received	ritten permission from that individual. his authorization for withholdings and
□ Please discontinue any/all Elec	tronic Funds Transfer (EFT) authorizations on	file from my credit card and/or bank account.
AU	THORIZATION FOR PAYROLL DE	EDUCTION
In order to contribute to Wi	EA-PAC and NEA-FCPE please ch	neck the appropriate boxes below:
entity representing my bargai Education Association. With f per month from my salary in o deduction of \$2.25. I agree tha notice of revocation is given b	ning unit is a WEA/NEA affiliate), the Washir full knowledge of the information above, I he order to make contributions to WEA-PAC. Mo at this authorization shall be automatically re	
accordance with agreed-upon current NEA membership yea less than this suggested amo that this authorization shall be	i payroll procedure, the suggested NEA-FCP r and each membership year thereafter. I und unt (or nothing at all), but can only do so via e automatically renewed each year thereafte or classified personnel employed by Washin	derstand that I am free to contribute more or a method other than payroll deduction. I agree r unless written notice of revocation is given by
Member's Signature	 Date	Building Representative (optional)