



Already retired membership form

To join, print out the enrollment form below, complete the requested information, and mail it with check/money order, made payable to WEAC-Retired (please do not send cash), to: WEAC-Retired Membership, P.O. Box 681132, Milwaukee, WI 53268-1132.

Last Name _____ First Name _____ Initial _____

Street Address _____

City _____ State _____ Zip _____

Area Code/ Home Telephone # _____

E-mail Address _____

Local Association retired from _____

Retirement Date _____

Signature _____ Date _____

I have enclosed a check/money order for: (check one below)

WEAC/NEA-Retired Annual dues (\$65)

WEAC/NEA-Retired Life Membership (\$375)

Total dues amount remitted: _____