



5130 W. Vliet St. Milwaukee, WI 53208

MILWAUKEE TEACHERS' EDUCATION ASSOCIATION

2026-27 ENROLLMENT FORM

PERSONAL INFORMATION

NAME - LAST, FIRST, MIDDLE INITIAL		PREFIX (MR. MRS., MS., DR.)	SUFFIX (JR., SR., I, II, III)
MPS ID#		BIRTHDATE	GENDER
HOME ADDRESS INCLUDE APT #	CITY	STATE	ZIP
LAND LINE* ()		CELL PHONE* ()	
HOME EMAIL (NO MPS EMAILS)			☐ INTERNATIONAL TEACHER
WORKSITE		MPS HIRE DATE	
JOB TITLE		GRADE/SUBJECT	

* By providing my cell phone number above, I understand that MTEA and its affiliates including NEA, WEAC, NEA Member Benefits and NEA 360 may use automated calling techniques and/or text message me on a periodic basis. MTEA, NEA and WEAC will never charge for text message alerts, although carrier message and data rates may apply. I can text STOP in reply to any text message to stop receiving texts from the entity that sent the message, or reply HELP for more information. I may rescind this authorization by providing reasonable notice to update my communication preferences by emailing membership@weac.org.

MEMBER TYPE AND WITHDRAWAL PER PAY PERIOD (BI-WEEKLY)

Dues payments are not tax deductible.

TEACHER UNIT

- ☐ Active Teacher Unit Full Time: \$55.46
☐ Active Teacher Unit Part Time: \$29.03

EDUCATIONAL ASSISTANT UNIT

- ☐ Active EA Full Time: \$17.69
☐ Active EA Part Time (under 20 hours): \$9.65

SUBSTITUTE TEACHER UNIT

- ☐ Active Substitute Teacher/Active Full Time
Substitute/Supplemental Teacher: \$13.53

EDUCATIONAL SUPPORT PERSONNEL - 150

- ☐ Active ESP 150 Full Time: \$15.90
☐ Active ESP 150 Part Time (under 20 hours): \$7.95

PLEASE CHECK IF APPLICABLE:

- ☐ Rehired/Retired Teacher
☐ Limited Term Employee

BOOKKEEPER/ACCOUNTANT UNIT

- ☐ Active Bookkeeper/Accountant: \$25.75

License Type

- ☐ Stipulations (Permit) ☐ Lifetime
☐ Provisional (Years 1-3)

- ☐ American Indian or Alaska Native
☐ Asian
☐ African American
☐ Hispanic or Latino

- ☐ Native Hawaiian or other Pacific Islander
☐ White
☐ Other _____

Please review Payment and Political Action Committee information on the back side of the form before completing the form.

MEMBERSHIP COMMITMENT

YES!

Initial Here

By signing this application, I hereby request and voluntarily accept membership in the Milwaukee Teachers' Education Association ("MTEA"). My membership includes membership in any larger associations with which MTEA chooses to affiliate, including the Wisconsin Education Association Council ("WEAC") and the National Education Association ("NEA"), and I agree to abide by the Constitution and Bylaws of these associations throughout MTEA's affiliation with them. My membership commences for the membership year specified above, running from September 1 through August 31, and continues until I resign or fail to remain in good standing.

PAYMENT AUTHORIZATION

YES!

Initial Here

I hereby agree to pay the annual dues, fees, and assessments established by MTEA and its affiliates in consideration for the services they provide. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I further understand that if I change job class or status during the year, beginning with the first pay period after the change, I will be charged at the rate applicable to my new membership type and status. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the associations as described herein unless I revoke this authorization in a signed writing to: MTEA at 5130 W. Vliet St., Milwaukee, WI 53208 via U.S. Mail. I understand that I will be relieved of my dues obligation seven days after MTEA's receipt of my written notice of revocation. **I understand that this agreement is voluntary and is not a condition of employment, and that I have the legal right to refuse to sign this agreement without suffering reprisal.**

PLEASE FILL OUT THE EFT INFORMATION BELOW:

ACCOUNT TYPE: ☐ Checking ☐ Savings

ELECTRONIC FUNDS TRANSFER - BANK DRAFT AUTHORIZATION

Bank Name: _____

Bank Routing Number (9 Digit):

--	--	--	--	--	--	--	--	--

Bank Account Number:

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1025																									
DATE _____																									
PAY TO THE ORDER OF: _____ \$ _____																									
DOLLARS																									
MEMO: _____																									
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Bank Routing Number	Bank Account Number	Check Number																							

I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.

Signature _____ Date _____

PAYMENT INFORMATION

EFT Dues and PAC Withdrawal Authorization: I authorize MTEA or its designee to initiate Electronic Funds Transfers (EFTs) from the bank account I have designated, for annual membership dues, fees and Political Action Committee ("PAC") contributions established by MTEA and WEAC and the MTEA and WEAC PACs, as well as any additional MTEA PAC contributions I have authorized. I authorize these EFTs to occur on a recurring basis as follows: The funds shall be withdrawn starting on the first full payday in September. The amount of my semi-monthly payment is my annual dues obligation and PAC contributions divided by 20 pay periods (Sept. - June), unless MTEA has selected a different dues payment schedule. I understand that if the governing bodies of MTEA or its affiliates authorize a change in the amount of annual dues, fees and/or PAC contributions, or if the amounts applicable to me change due to a change in my membership type or status as described above, MTEA or WEAC will notify me by email or at my home address not less than ten days in advance of processing any changes to the transaction amount as described in the payment summary on page one. Following notice of a change, I authorize MTEA or WEAC, as applicable, to adjust the amount to be charged to or debited from my account to satisfy any modification by adjusting my payments equally over the payment schedule noted above.

I understand that this authorization for the payment of membership dues, fees and PAC contributions continues year-to-year and shall remain in effect until the earlier of: 1) my written notice of cancelation according to the procedures below or 2) the termination of my eligibility to maintain membership in MTEA.

I understand that the rejection of any EFT shall not constitute the termination of my membership. I further understand that MTEA/WEAC will notify me in writing if a transaction is rejected, and I shall have seven calendar days to provide MTEA with updated account information, or with an accepted alternative method of payment, to continue my payments for annual dues, fees, and PAC contributions. I understand that if I have sixty days of rejected transactions, my membership will be terminated by MTEA/WEAC and I will be notified by e-mail or in writing. I further agree that if any transaction is rejected with cause, MTEA and WEAC shall be under no liability whatsoever if such rejection results in late charges or fees.

I understand that if I wish to terminate this authorization, I must do so in a signed writing, addressed to MTEA at 5130 W. Vliet St., Milwaukee, WI 53208. Written notice of termination must include the following information: 1) full name, 2) home e-mail, 3) home address and 4) employer. I understand that termination of this authorization will take effect seven days after the date notice of termination is received.

POLITICAL ACTION COMMITTEE INFORMATION

Contributions to the WEAC PAC and MTEA PAC are not tax deductible.

Political Action Disclaimer: The WEAC Political Action Committee ("WEAC PAC") and the Milwaukee Teachers' Education Association Political Action Committee ("MTEA PAC") are political action committees that collect voluntary contributions from MTEA members and use these contributions for political purposes, including, but not limited to, making contributions to and expenditures on behalf of friends of public education who are candidates for state and local office. WEAC PAC and MTEA PAC contributions include small amounts, published annually, that by default are included with dues in the member payments described above. Only U.S. citizens or lawful permanent residents (i.e. green card holders) may contribute to these funds. If you are not a U.S. citizen or permanent resident, please contact MTEA before completing this form and remitting your payment.

The WEAC PAC and MTEA PAC are subject to regulation by the Wisconsin Ethics Commission. State law requires the WEAC PAC and MTEA PAC to use their best efforts to collect and report the name and mailing address of all PAC contributors, and occupation of those contributing over \$200 in a calendar year, to the Wisconsin Ethics Commission.

U.S. Citizenship: ☐ **I am not a U.S. citizen or permanent resident (i.e. green card holder).**

Political Action Rebate: You may request a rebate of your contribution to the MTEA PAC for the current year by writing to 5130 W. Vliet St., Milwaukee, WI 53208. MTEA must receive your request by October 1. You may request a rebate of your WEAC PAC contribution by writing to WEAC, PO Box 8003, Madison WI 53708 between Sept 1 and Oct 30, or within 60 days of joining. Your memberships will not be affected by a request for rebate. Once you request a rebate, no contributions will be drawn in future membership years for the PAC(s) for which you have requested a rebate(s), unless you specifically request in writing to reinstate your PAC participation. You may also terminate your future PAC contributions at any time by writing to the addresses described above.

MTEA POLITICAL ACTION COMMITTEE FUNDRAISING CAMPAIGN

☐ **YES, I want to make an additional contribution to MTEA PAC!**

I will make an additional voluntary recurring contribution to MTEA PAC (to be drawn at the same time as regular dues payments) in the amount of:

☐ \$2.50 bi-weekly ☐ \$5.00 bi-weekly ☐ _____ bi-weekly

Signature _____ Date _____