

Welcome to the Anacortes School District!

We are the Anacortes Para-Educator's union (APEO). We would like to welcome you to join our organization. The APEO adds an additional amount of protection and support to your position here at the Anacortes School District. If you would like to join, please email us your home email and we will get you on our database so that you can receive future information regarding meeting times and current events. Attached is our membership form. Complete it and give it to Lori Gold (our Payroll resource at the district office). Be sure to also print out our Officer and Building Representative info. As questions in your position arise, please feel free to contact your listed building representative first. They are an invaluable resource as you navigate your new position here. If there is a question that your building representative and building administrator cannot help you with, feel free to contact us with your concern. Members meet 2-3 times a year. We strongly encourage you to come so that we might get to know you and you can learn more about ways to be involved.

Once again, welcome to the Anacortes School District Para-Educator team!

Anna Tesch APEO President  
teschfamily5@gmail.com

Melissa Reeder APEO Vice President  
moandjoel@comcast.net

## APEO New Officers 2017-2018

### **President:**

Anna Tesch  
4507 Blakely Dr.  
Anacortes, WA 98221  
Phone: 360-632-0165  
[teschfamily5@gmail.com](mailto:teschfamily5@gmail.com)

mailing address:  
1313 41<sup>st</sup> St.  
Anacortes, WA 98221  
wk ph: 360-293-9541  
[atesch@asd103.org](mailto:atesch@asd103.org)

### **Vice President:**

Melissa Reeder  
3412 Cedar Glen Ct  
Anacortes, WA 98221  
Phone: 360-224-2061  
[moandjoel@comcast.net](mailto:moandjoel@comcast.net)

mailing address:  
1313 41<sup>st</sup> St.  
Anacortes, WA 98221  
wk ph: 360-293-9541  
[mreeder@asd103.org](mailto:mreeder@asd103.org)

### **Secretary:**

Eileen Hamilton  
12905 Satterlee Rd  
Anacortes, WA 98221  
Phone: 360-333-9535  
[hamiltoneileen@outlook.com](mailto:hamiltoneileen@outlook.com)

mailing address:  
13590 Gibraltar Rd  
Anacortes, WA 98221  
wk ph: 360-293-9545  
[ehamilton@asd103.org](mailto:ehamilton@asd103.org)

### **Treasurer:**

Derronda Aschim  
6653 Rykosa Ln  
Anacortes, WA 98221  
Phone: 360-293-6186  
[hilltop33@frontier.com](mailto:hilltop33@frontier.com)

mailing address:  
1313 41<sup>st</sup> St.  
Anacortes, WA 98221  
wk ph: 360-293-9541  
[daschim@asd103.org](mailto:daschim@asd103.org)

### **Building Reps:**

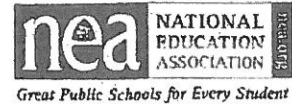
|                                    |              |  |  |
|------------------------------------|--------------|--|--|
| <b><u>AHS:</u></b> Marcy Olsen     | 360-941-2543 | <a href="mailto:louisol@comcast.net">louisol@comcast.net</a>               | <a href="mailto:molsen@asd103.org">molsen@asd103.org</a>       |
| <b><u>AMS:</u></b> Arlene Volkman  | 360-854-8834 | <a href="mailto:c_avolkman@hotmail.com">c_avolkman@hotmail.com</a>         | <a href="mailto:avolkman@add103.org">avolkman@add103.org</a>   |
| <b><u>MTE:</u></b> Nancy White     | 360-333-0213 | <a href="mailto:nancy4618@gmail.com">nancy4618@gmail.com</a>               | <a href="mailto:nwhite@asd103.org">nwhite@asd103.org</a>       |
| <b><u>FID:</u></b> Eileen Hamilton | 360-333-9535 | <a href="mailto:hamiltoneileen@outlook.com">hamiltoneileen@outlook.com</a> | <a href="mailto:ehamilton@asd103.org">ehamilton@asd103.org</a> |
| <b><u>ISV:</u></b> Jean Crookes    | 360-202-5326 | <a href="mailto:jdliz@fidalgo.net">jdliz@fidalgo.net</a>                   | <a href="mailto:jcrookes@asd103.org">jcrookes@asd103.org</a>   |
| <b><u>WHT:</u></b> Kellie Rosas    | 360-202-2124 | <a href="mailto:kjrosas53@comcast.net">kjrosas53@comcast.net</a>           | <a href="mailto:krosas@asd103.org">krosas@asd103.org</a>       |



www.WashingtonEA.org  
member.records@washingtonea.org

# Membership Enrollment Form

PLEASE PRINT and PRESS HARD  
YOU ARE MAKING FOUR COPIES



Great Public Schools for Every Student

SSN or WEA Member ID:  Local Association \_\_\_\_\_  
You must sign a separate enrollment form for each district in which you are employed.  
 Please check here if you are working in multiple districts.

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

Other/Former Name (if applicable in this district or former districts) \_\_\_\_\_

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

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

Home Email \_\_\_\_\_ Work Email \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

School Bldg/Work Site \_\_\_\_\_  Female  Male Date of Birth \_\_\_\_\_

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

| <b>Membership Type (please check one):</b><br><b>Certificated or AHE</b><br><input type="checkbox"/> 0.76-1.00 FTE <input type="checkbox"/> 0.25 or less FTE<br><input type="checkbox"/> 0.51-0.75 FTE <input type="checkbox"/> Substitute<br><input type="checkbox"/> 0.26-0.50 FTE <input type="checkbox"/> Part-time Higher Ed<br><br><b>Education Support Professional</b><br><input type="checkbox"/> 0.51 - 1.00 FTE <input type="checkbox"/> Indicate FTE<br><input type="checkbox"/> 0.26 - 0.50 FTE <input type="checkbox"/> AND<br><input type="checkbox"/> 0.25 or less FTE <input type="checkbox"/> Indicate annual income<br><input type="checkbox"/> Extra-Curricular<br><input type="checkbox"/> \$35,000.01 and above<br><input type="checkbox"/> \$27,000.01 to \$35,000<br><input type="checkbox"/> \$22,000.01 to \$27,000<br><input type="checkbox"/> \$17,000.01 to \$22,000<br><input type="checkbox"/> \$12,000.01 to \$17,000<br><input type="checkbox"/> \$12,000 and below | Hire Date _____ Hours worked per week or FTE _____  | <b>FOR OFFICE USE ONLY</b><br><table border="1"> <thead> <tr> <th>TYPE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr><td>NEA</td><td></td></tr> <tr><td>WEA</td><td></td></tr> <tr><td>UniServ</td><td></td></tr> <tr><td>Local</td><td></td></tr> <tr><td>Community Outreach Special Assessment</td><td></td></tr> <tr><td>NEA FCPE</td><td></td></tr> <tr><td>WEA-PAÇ</td><td></td></tr> <tr><td>TOTAL</td><td></td></tr> </tbody> </table> | TYPE   | AMOUNT | NEA |  | WEA |  | UniServ |  | Local |  | Community Outreach Special Assessment |  | NEA FCPE |  | WEA-PAÇ |  | TOTAL |  |
|--|---|---|--------|--------|-----|--|-----|--|---------|--|-------|--|---------------------------------------|--|----------|--|---------|--|-------|--|
|  | TYPE  |   | AMOUNT |        |     |  |     |  |         |  |       |  |                                       |  |          |  |         |  |       |  |
| NEA  |   |   |        |        |     |  |     |  |         |  |       |  |                                       |  |          |  |         |  |       |  |
| WEA  |   |   |        |        |     |  |     |  |         |  |       |  |                                       |  |          |  |         |  |       |  |
| UniServ  |   |   |        |        |     |  |     |  |         |  |       |  |                                       |  |          |  |         |  |       |  |
| Local  |   |   |        |        |     |  |     |  |         |  |       |  |                                       |  |          |  |         |  |       |  |
| Community Outreach Special Assessment  |   |   |        |        |     |  |     |  |         |  |       |  |                                       |  |          |  |         |  |       |  |
| NEA FCPE   |   |   |        |        |     |  |     |  |         |  |       |  |                                       |  |          |  |         |  |       |  |
| WEA-PAÇ  |   |   |        |        |     |  |     |  |         |  |       |  |                                       |  |          |  |         |  |       |  |
| TOTAL  |   |   |        |        |     |  |     |  |         |  |       |  |                                       |  |          |  |         |  |       |  |
| <b>Subject (please check one):</b><br><input type="checkbox"/> Art<br><input type="checkbox"/> Basic Education<br><input type="checkbox"/> English / Language Arts<br><input type="checkbox"/> Foreign Languages<br><input type="checkbox"/> Health and Physical Education<br><input type="checkbox"/> Mathematics<br><input type="checkbox"/> Music<br><input type="checkbox"/> Physical Sciences<br><input type="checkbox"/> Social Studies<br><input type="checkbox"/> Special/Developmental Education<br><input type="checkbox"/> *Other _____   | <b>Position / Job Title (please check one):</b><br><input type="checkbox"/> Classroom Teacher<br><input type="checkbox"/> Bus / Truck / Van Driver<br><input type="checkbox"/> Communication Disorder Specialist<br><input type="checkbox"/> Cook / Food Prep Worker<br><input type="checkbox"/> Counselor<br><input type="checkbox"/> Custodian<br><input type="checkbox"/> Instructional Assistant<br><input type="checkbox"/> Librarian<br><input type="checkbox"/> Reading Specialist<br><input type="checkbox"/> Secretarial / Office Support<br><input type="checkbox"/> *Other _____ |   |        |        |     |  |     |  |         |  |       |  |                                       |  |          |  |         |  |       |  |

\* If your Subject or Position/Job Title is not listed above, please enter one of the four-character codes listed on the back of the cover page, or specify in writing.

I, the undersigned, acknowledge that I am a member of the above-named education association (where the entity representing my bargaining unit is a WEA/NEA affiliate), the Washington Education Association and the National Education Association. I hereby authorize my employer to deduct from my salary and to pay to the Washington Education Association membership dues in such amounts as the Association may certify as due and owing by me in accordance with its constitution and bylaws.

I agree that this authorization and assignment shall remain in effect until a signed and dated revocation is received by 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 the WEA and its affiliates during the year of revocation. Additionally, I understand that state law under certain circumstances may require me to pay a representation fee to the WEA and its affiliates after I have revoked my membership.

Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may qualify as a miscellaneous itemized deduction.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_ Enroller / Faculty Representative \_\_\_\_\_