

# WPTA

WASHOE PROFESSIONAL  
TECHNICAL ASSOCIATION

*The Washoe Professional Technical Association (WPTA) is a unified, diverse group of professionals working together to support the needs of our membership and our school district. As a member of WPTA, you have access to advocates and resources that help you reach your professional and personal goals. Specifically, WPTA helps you by providing:*

**A voice at the table:** WPTA members vote on negotiations priorities, sit on negotiations committees, and have a say in final contract approval. Members also vote to amend WPTA bylaws so that members are supported as circumstances evolve.

**Increased pay and benefits:** WPTA fights for professional pay, health care, and retirement security for its members, so that a career in education is a viable profession.

**Improved professional practice:** The WPTA board provides information and resources to members and meets with the school district monthly to discuss members' concerns. WPTA also provides social and networking opportunities for members.

**Positive change in your workplace:** WPTA works with members and their supervisors to resolve issues and solve problems together. WPTA can offer professional legal representation for members if issues persist.

**Professional support:** WPTA monitors violations of the negotiated agreement and violations of WCSD's administrative regulations to enforce agreed-upon and consistent working conditions for members.

**Scholarship opportunities:** WPTA provides annual funding for scholarships for active members and/or their dependents to promote professional and life-long learning.

**More information:** [www.wcsdwpta.org](http://www.wcsdwpta.org)





# Membership Enrollment Form

ASSOCIATION DUES ARE PAID THROUGH MONTHLY PAYROLL DEDUCTION

Full name:	_____	Date:	_____
WCSD Email:	_____	Personal Email:	_____
	<i>Last                      First                      M.I.</i>		
Mailing Address:	_____	Cell Phone:	_____
	<i>Street address                      Apt/Unit #</i>		
	_____	Office Phone:	_____
	<i>City                      State                      Zip Code</i>		
Work Location:	_____	Job Title:	_____
Employee ID or last 4 SSN:	_____	Hire date:	_____

**I hereby agree to become a member of the Washoe Professional Technical Association (WPTA) and agree to abide by the Constitution and Bylaws of said Association.**

**I hereby authorize \$30 to be deducted monthly for dues for WPTA.**

Signature: _____	Date: _____
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THIS AUTHORIZATION IS TO REMAIN IN EFFECT UNTIL I HAVE SENT A WRITTEN NOTICE OF WITHDRAWAL TO THE WPTA BOARD.

**PLEASE RETURN THIS COMPLETE, SIGNED FORM VIA EMAIL (WPTA@washoeschools.net) IN ORDER TO JOIN WPTA. THANK YOU!**

**More information: [www.wcsdwpta.org](http://www.wcsdwpta.org)**