

2020-2021 MEMBERSHIP ENROLLMENT FORM

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Email: pweaoffice@pweaveanea.org
Web: www.pweaveanea.org

PLEASE PRINT CLEARLY

	FIRST	MIDDLE	LAST																																																												
NAME*																																																															
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STREET ADDRESS			DATE OF BIRTH																																																												
CITY, STATE, ZIP			EMPLOYEE ID NUMBER																																																												
CELL PHONE	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">MEMBERSHIP TYPES</th> <th style="width:40%;">DUES AMOUNT 2020-21</th> </tr> </thead> <tbody> <tr> <td colspan="2">24 Pays</td> </tr> <tr> <td><input type="checkbox"/> Full-time certified</td> <td>\$27.37 PER PAY</td> </tr> <tr> <td><input type="checkbox"/> Half-time certified</td> <td>\$14.17 PER PAY</td> </tr> <tr> <td><input type="checkbox"/> Full-time education support professional</td> <td>\$14.58 PER PAY</td> </tr> <tr> <td><input type="checkbox"/> Half-time education support professional</td> <td>\$ 7.89 PER PAY</td> </tr> <tr> <td colspan="2">20 Pays (FOOD SERVICE AND TRANSPORTATION)</td> </tr> <tr> <td><input type="checkbox"/> Full-time (Six or more hours per day)</td> <td>\$17.50 PER PAY</td> </tr> <tr> <td><input type="checkbox"/> Half-time (Less than six hours per day)</td> <td>\$ 9.47 PER PAY</td> </tr> <tr> <td colspan="2">Payment Plan Optional (Substitute)</td> </tr> <tr> <td><input type="checkbox"/> Substitute</td> <td>\$179.24 TOTAL</td> </tr> </tbody> </table> <p>ALL DUES STATED ABOVE WILL BE PAYROLL DEDUCTED Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction. Please consult your tax advisor for additional information.</p>			MEMBERSHIP TYPES	DUES AMOUNT 2020-21	24 Pays		<input type="checkbox"/> Full-time certified	\$27.37 PER PAY	<input type="checkbox"/> Half-time certified	\$14.17 PER PAY	<input type="checkbox"/> Full-time education support professional	\$14.58 PER PAY	<input type="checkbox"/> Half-time education support professional	\$ 7.89 PER PAY	20 Pays (FOOD SERVICE AND TRANSPORTATION)		<input type="checkbox"/> Full-time (Six or more hours per day)	\$17.50 PER PAY	<input type="checkbox"/> Half-time (Less than six hours per day)	\$ 9.47 PER PAY	Payment Plan Optional (Substitute)		<input type="checkbox"/> Substitute	\$179.24 TOTAL																																						
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POSITION	(Example: Teacher, Bus Driver, Bookkeeper etc.)																																																														
FIRST YEAR TEACHER?	(circle one) YES NO N/A	Less than 5 years?	(circle one) YES NO																																																												
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<p>Telephone Consumer Protection Act By providing my phone number, I understand that the National Education Association and its affiliates, including the Virginia Education Association, the local Association, NEA Member Benefits, and NEA360, may use automated calling techniques and/or text message me on my cellular device on a periodic basis. The National Education Association, the Virginia Education Association, and the local Association will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 787753 to stop receiving messages. Text HELP to 787753 for more information.</p>																																																															
<input type="checkbox"/> I authorize payroll deduction of Association dues by my employer as may be determined from time to time and contributions in the amounts indicated above, unless I revoke this authorization in writing to the local Association. If employment or membership is terminated, amounts still owing under this authorization shall be deducted from final pay.																																																															
MEMBER SIGNATURE _____		DATE _____	NAME OF RECRUITER _____																																																												

Internal Use Only

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 Database
 Membership Materials
 Source _____
 Email