



an affiliate of **VEA**

Teaching. Learning. Leading.

19 PAYS PER YEAR

2011-12 TRANSPORTATION & CAFETERIA MEMBERSHIP ENROLLMENT FORM

8510 Bucyrus Court, Manassas, VA 20110

Phone: 703-361-2444 Fax: 703-361-2178

Email: pweaoffice@pweaveanea.org

Web: www.pweaveanea.org

PLEASE PRINT CLEARLY

WORK LOCATION	Transportation employees circle one: Eastern Western Central Brentsville Special Needs Cafeteria employees please write in location:
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NAME	FIRST	MIDDLE	LAST	SEX (circle one)	M / F
ADDRESS				DATE OF BIRTH	
CITY, STATE, ZIP				SOCIAL SECURITY NUMBER	

HOME PHONE	
HOME EMAIL	
WORK PHONE	
WORK EMAIL	@PWCS.edu

MEMBERSHIP TYPES	DUES AMOUNT 2011-12
<input type="checkbox"/> Full Time (six hours or more per day)	\$15.40 per pay
<input type="checkbox"/> Half Time (less than six hours per day)	\$ 8.00 per pay
ALL DUES STATED ABOVE WILL BE PAYROLL DEDUCTED	

TRANSPORTATION: ____ DRIVER ____ ATTENDANT	BUS NUMBER _____	CAFETERIA WORKERS: ____ HOSTESS ____ OTHER TITLE _____ PLEASE SPECIFY
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____ American Indian/Alaska Native	____ Black	____ Native Hawaiian or other Pacific Islander	____ Asian
____ Caucasian (not of Spanish Origin)	____ Hispanic	____ Unknown/Unidentified	____ Multi-Ethnic
<small>Ethnic minority information is optional and failure to provide it will in no way effect your membership status, rights, or benefits in NEA, VEA or PWEA. This information will be kept confidential</small>			

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 _____
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Internal Use Only

____ I & A ____ Payroll ____ Database ____ Membership Materials Source _____