

2009-10 MEMBERSHIP ENROLLMENT FORM

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PLEASE PRINT CLEARLY			WORK LOCATION	
NAME	FIRST	MIDDLE	LAST	SEX (circle one) M / F
ADDRESS				DATE OF BIRTH
CITY, STATE, ZIP				SOCIAL SECURITY NUMBER
HOME PHONE				MEMBERSHIP TYPES DUES AMOUNT 2009-10 <input type="checkbox"/> Full-time certified \$22.92 PER PAY <input type="checkbox"/> Half-time certified \$11.67 PER PAY <input type="checkbox"/> Full-time education support professional \$11.98 PER PAY <input type="checkbox"/> Half-time education support professional \$ 6.27 PER PAY ALL DUES STATED ABOVE WILL BE PAYROLL DEDUCTED
HOME EMAIL				
WORK PHONE				
WORK EMAIL	@PWCS.edu			

American Indian/Alaska Native Black Native Hawaiian or other Pacific Islander Asian
 Caucasian (not of Spanish Origin) Hispanic Unknown/Unidentified Multi-Ethnic

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

SUBJECT (Please Check Only One) <input type="checkbox"/> Adult Education <input type="checkbox"/> Agriculture <input type="checkbox"/> Art <input type="checkbox"/> Basic Ed Curriculum <input type="checkbox"/> Bilingual Ed <input type="checkbox"/> Biology <input type="checkbox"/> Business Ed <input type="checkbox"/> Coaching <input type="checkbox"/> Communications <input type="checkbox"/> Computer & Info Science <input type="checkbox"/> Driver's Ed <input type="checkbox"/> Early Child Development <input type="checkbox"/> English/Language Arts <input type="checkbox"/> English as a Second Lang <input type="checkbox"/> Foreign Language & Lit. <input type="checkbox"/> Geography	<input type="checkbox"/> Health & PE <input type="checkbox"/> Home Economics <input type="checkbox"/> Industrial Arts <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Marketing <input type="checkbox"/> Mathematics <input type="checkbox"/> Music <input type="checkbox"/> Physical Sciences <input type="checkbox"/> Reading <input type="checkbox"/> Religion/Philosophy <input type="checkbox"/> ROTC <input type="checkbox"/> Social Studies <input type="checkbox"/> Special Ed/Development Ed <input type="checkbox"/> Speech & Drama <input type="checkbox"/> Vocational & Tech Ed <input type="checkbox"/> No Subject Taught <input type="checkbox"/> General Subjects <input type="checkbox"/> Other	POSITION (Please Check Only One) <input type="checkbox"/> Administrator <input type="checkbox"/> Clerk/Office Assistant <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Coach <input type="checkbox"/> Counselor <input type="checkbox"/> Curriculum Specialist <input type="checkbox"/> Data Entry Clerk <input type="checkbox"/> Instructional/Teaching Assistant <input type="checkbox"/> Instructional Specialist <input type="checkbox"/> Librarian <input type="checkbox"/> Licensed Practical Nurse <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Psychologist	<input type="checkbox"/> Reading Specialist <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Reg/Attendance <input type="checkbox"/> ROTC Instructor <input type="checkbox"/> Secretary <input type="checkbox"/> Security Services <input type="checkbox"/> Social Worker <input type="checkbox"/> Special/Developmental Ed <input type="checkbox"/> Speech/Hearing Therapist <input type="checkbox"/> Other _____ Please write in any subject and/or position not listed
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Change in Payroll Deduction

Effective this date, please cancel my payroll deduction of dues from _____ (Name of organization)

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. I received a cash rebate in the amount of _____, if I cancel my membership within 3 months I agree to repay this amount to PWEA.

MEMBER SIGNATURE _____ DATE _____ NAME OF RECRUITER _____