

**2009-10 VIF & SUBSTITUTE
MEMBERSHIP ENROLLMENT FORM**

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Web: www.pweaveanea.org

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					
HOME EMAIL					
WORK PHONE					
WORK EMAIL	@PWCS.edu				

MEMBERSHIP TYPES	DUES AMOUNT 2009-10
<input type="checkbox"/> VIF (Visiting International Faculty)	\$550.00
<input type="checkbox"/> Substitute	\$143.50

Method of Pay

Cash/Check paid in full

Payment plan requested (letter will be sent upon processing enrollment)

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

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

I & A Payroll Database Membership Materials Source _____