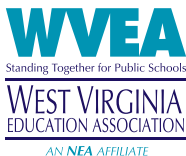


MEMBERSHIP AUTHORIZATION – PROFESSIONAL



WVEA 2019-2020
 1558 Quarrier Street
 Charleston, WV 25311
 1.800.642.8261
 304.346.5315
 Fax: 304.346.4325

County Employed _____
 Position _____
 School or Work Location _____

Personal E-Mail Address _____ Cell Phone _____

Name _____
First Middle Last
 SSN (last 4) _____ Date of Birth _____
 Address _____

 City _____
 State _____ ZIP _____

Check the column that applies to you

	<input type="radio"/> PROFESSIONAL	<input type="radio"/> SUBSTITUTE PROFESSIONAL
NEA/WVEA Dues	\$522.00	\$229.50
Local Dues		
Additional PAC Contribution		
TOTAL		

METHOD OF PAYMENT

Cash
 Bill Me
 Payroll Deduction
 Credit Card
 Bank Draft Attach a voided check or complete form below

Credit Card No.: _____ Expiration Date: _____

BANK DRAFT AUTHORIZATION

Bank Name: _____
 Bank Address: _____
 City: _____ State: _____ Zip: _____

Bank Transit Number (first set of numbers) _____

Account Number: _____

This authorization is to remain in full force and effect until BANK has received written notification from me of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to BANK prior to charging account. After account has been charged, a customer has the right to have the amount of the erroneous debit immediately credited to his account by BANK up to fifteen (15) days following issuance of account or forty-five (45) days after the charge, whichever occurs first.

Name: *(as it appears on the account)* _____

Signed: _____ Date: _____

CONTINUING MEMBERSHIP

I choose to be a continuing member of WVEA, NEA, and my local Association, and I hereby authorize my employer to deduct from my salary and remit to WVEA, in accordance with the agreed upon payroll deduction procedure, unified membership dues, as may be determined from time to time, and political action contributions as indicated above, for the 2019-2020 membership year and every membership year thereafter, provided that I may revoke this authorization as of September 1 of any calendar year by giving written notice to that effect on my employer and WVEA on or before that date. If I selected the bank draft method of payment, my signature below authorizes WVEA to initiate debit entries to my checking account and financial institution listed above, hereinafter BANK, to debit the same to such account. I will not hold my BANK liable for any erroneous debits made by the WVEA. I understand and acknowledge that termination of the authorization to BANK does not terminate my obligation to pay my membership dues and that membership be terminated only by written notice to WVEA as provided above.

Membership Commitment and Annual Payment Authorization Membership Commitment:

Yes – I want to join with my fellow employees and become a member of the [local association], the [state association], and the National Education Association. I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all three associations.

Annual Payment Authorization:

Yes – I hereby agree to pay the annual dues, fees, and assessments established by the three associations in consideration for the services the union provides. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize on a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations through [payroll deduction or other arrangement] unless I revoke this authorization in a signed writing sent to [state association address] via U.S. mail, between August 1 and August 31 of the membership year immediately preceding the membership year for which the authorization is to be cancelled.

In accordance with the WVEA Bylaws, a WVEA contribution of nine dollars (\$9.00) for WVEA-PAC and one dollar (\$1.00) for the Ballot Initiative Fund (BIF) have been assessed as part of the WVEA dues. Any person wishing not to participate in WVEA-PAC or BIF should contact the WVEA office prior to November 1. Where objections are made, the member may choose to: (a) divert one or both of the assessments to the West Virginia Foundation for Improvement of Education, or (b) receive a rebate of either one or both of the assessments. Where objections are made the assessments will not be used for political purposes or ballot initiative purposes.

Dues payments and contributions to WVEA-PAC are not deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible as a miscellaneous itemized deduction. Signing this form constitutes a binding contract to pay annual dues except by following the conditions set forth in the "continuing membership" statement above. The undersigned becomes a member of the WVEA/NEA upon the date this form is signed.

I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.

Member's Signature: _____ Date: _____

Are you a member of another organization?

Simply fill out the form below and turn it in with your WVEA Enrollment Form.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please discontinue my payroll deductions in _____ immediately.
(fill in organization)

Signature: _____ Date: _____