

For PROFESSIONALS in Grant county. Join now!

County Employed _____ Position _____ School or Work Location _____

Full Name (First, Middle, Last) _____ SSN (Last 4) _____ Date of Birth _____

Full Address (City, State, Zip) _____

Personal E-Mail Address _____ Cell Phone* _____

**NEA/WVEA Membership Dues – Check the column that applies to you.					
<input type="checkbox"/> Professional	\$541.00	<input type="checkbox"/> Part-time Professional	\$282.00	<input type="checkbox"/> Professional Substitute	\$237.50
Local Dues	\$30.00	Local Dues	\$15.00	Local Dues	\$15.00
TOTAL**	\$571.00	TOTAL***	\$297.00	TOTAL****	\$252.50

***Deductions through BANK draft will be debited bi-monthly on the 1st and 15th of each month. If the draft date falls on a Saturday or Sunday, the account will be debited on the closest business day. The bi-monthly dues option for 10 months is \$28.55. The dues for full amount is \$571.00.
 ****Deductions through BANK draft will be debited bi-monthly on the 1st and 15th of each month. If the draft date falls on a Saturday or Sunday, the account will be debited on the closest business day. The bi-monthly dues option for 10 months is \$14.85. The dues for full amount is \$297.00.
 *****Deductions through BANK draft will be debited bi-monthly on the 1st and 15th of each month. If the draft date falls on a Saturday or Sunday, the account will be debited on the closest business day. The bi-monthly dues option for 10 months is \$12.63. The dues for full amount is \$252.50.

Method of Payment

Bank Draft***** – Attach a voided check or complete the form below. Choose your bank draft option.

Full Amount Twice a month for 10 months
(Please check one)

Bank Name _____ Account Number _____

: **:**

Routing Number (First set of numbers) _____ Name (as it appears on the bank account) _____

Credit Card No.: _____ **Expiration Date:** _____ **CVV No. (3 digits):** _____

Full Amount Monthly Amount _____
Name (as it appears on the credit card)

For Professional: The full amount charged will be \$571.00 and the monthly payment amount is \$47.58 for 12 months. *For Part-time Professional:* The full amount charged will be \$297.00 and the monthly payment amount is \$24.75 for 12 months. *For Professional Substitute:* The full amount charged will be \$252.50 and the monthly payment amount is \$21.04 for 12 months.

Check – Make payable to: **West Virginia Education Association** for \$571.00 (Professional), \$297.00 (Part-time Professional), and \$252.50 (Professional Substitute).

I choose to be a continuing member of WVEA, NEA, and my local Association, and I hereby authorize payment to WVEA, in accordance with the agreed upon payment procedure and unified membership dues for the 2021-2022 membership year and every membership year thereafter. As a participant in the NEA/WVEA/CEA Early Enrollment Membership Incentive Plan, I am eligible to receive—prior to September 1, 2021—benefits under the NEA Educators Employment Liability (EEL) Program, as well as access to select NEA Member Benefits programs.

As a condition of eligibility for these benefits, I agree to pay the appropriate unified Active membership dues for the 2021-22 membership year in accordance with established payment procedures. I understand my obligation to pay that annual dues obligation continues, regardless of my membership status, and that if I fail to pay those amounts, my eligibility to receive benefits under the NEA EEL Program shall immediately terminate. In addition, I shall become liable for the cost of any benefits that were provided to me under the NEA EEL Program prior to September 1, 2021.

Membership Commitment:*****

YES – I want to join with my fellow employees and become a member of the local association, the WVEA, 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 (Sep. 1–Aug. 31) 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 unless I revoke this authorization in a signed writing sent to 1558 Quarrier St., Charleston, WV 25311 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.

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 _____

I confirm the name written above is my electronic signature for enrollment in WVEA and is just the same as a traditional pen-and-paper signature. _____
Initials

My Interests

What are your interests? Complete this short survey so we can tailor professional development for all members.

1) What year did you enter the profession?

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 (YYYY)

2) I am:

- Already a member
- Transferring from another school district
- Joining the Association today
- I would like more information about membership

3) Your association provides supports and tools to ensure your success with students. What tools/trainings would you like to hear more about?

- Classroom management (e.g. student behavior, relationships with students)
- Lesson planning
- Working with mentors/coaches
- Working with families
- Collaborating with administrators and colleagues
- Unpacking professional expectations (e.g. Evaluations, observations)

4) Your association works to ensure that schools provide students with opportunities to be successful. Which issues are most important to you?

- Social and racial justice
- Meeting the needs of students in poverty
- Family and community engagement
- Fully funded schools
- Education policy—*Contributing to critical decisions affecting my students, school, and district*
- Political advocacy—*Supporting education policies to ensure all students have opportunities to succeed*

5) Your association advocates for conditions that retain high-quality educators for every student. Which of these are you interested in learning about?

- Salary
- Educator Rights & Responsibilities
- Health Care Benefits
- Pensions and Retirement Security
- Student Debt and/or Finances
- Stretching Your Paycheck
- Working Conditions

Belong Today!

Want to complete your membership form online? Go to wvea.org/joinnow or scan this QR code.



Office Use: Worksite ID

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*By providing my phone number, I understand that the National Education Association, NEA Member Benefits, NEA360 and the WVEA may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. The National Education Association, the WVEA and the local CEA will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

**Dues payments are not deductible as charitable contributions for federal income tax purposes.

*****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. 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.

*****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. WVEA-PAC uses contributions for political purposes, including making contributions to and expenditures on behalf of friends of public education who are candidates for state or local office. BIF uses contributions for advocating or opposing ballot issues. Only members, executive or administrative staff, and their family members may contribute to WVEA-PAC or BIF. WVEA-PAC and BIF may only accept contributions from U.S. citizens or permanent residents. Members have the right to refuse to contribute without any reprisal. Although WVEA-PAC requests an annual contribution of \$9.00 and BIF requests \$1.00, this is only a suggestion. A member may contribute more or less than the guidelines suggest, and WVEA and affiliates will not favor or disadvantage anyone for the amount of their contribution or their decision not to contribute. Any person wishing not to participate in WVEA-PAC or BIF, who wishes to contribute a different amount, or who is ineligible to contribute, should contact the WVEA office prior to November 1. Where objections are made, the member may choose to: (a) make 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.