VIRGINIA EDUCATION ASSOCIATION

Teaching. Learning. Leading.

VEA Web: www.veanea.org

Halifax Education Association
625 Piney Forest Road, Suite 301-C
Danville, VA 24540
(434) 799-5498
Fax: (434) 799-7441
piedmontveanea@verizon.net

2016-17 MEMBERSHIP APPLICATION

Please print clearly using a black or dark blue pen

Name: First Middle Last	Social Security Number (used only for initial identification)
	XXX-XX-☐☐☐☐

Street Address/Apt Number	City	State Zip

Date of Birth	Home Phone	Cell Phone (See Notification on Reverse)
	( )	( )

E-mail (home)	E-mail (work)

Work Location (i.e. school name)	Position (see over for list)	Subject (see over for list)

Membership Type		Monthly Dues (see over for chart)	
☐ Active Professional Full-Time (teacher)	AC-1-100		
☐ Active Professional ***First-Year Teaching***	AC-10-115	Method of Payment	
☐ Active Professional Part-Time (teacher)	AC-1-50	☐ Payroll Deduction	☐ Check
☐ Active Professional Substitute	AC-1-1		
☐ Active Education Support Personnel Full-Time	AC-2-100		
☐ Active Education Support Personnel Part-Time	AC-2-50		

Is this your first year teaching? ☐ Yes ☐ No

If no, write in the date of your 1st year teaching _____/_____/_____ (month/day/year)

VEA or NEA Member Last Year? ☐ Yes ☐ No

SVEA/SNEA Member Last Year? ☐ Yes ☐ No

Gender: ☐ Male ☐ Female

If Payroll Deduction Method of Payment box is checked above, 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 and School Board. If employment or membership is terminated, amounts still owing under this authorization shall be deducted from final pay.

♦ ♦

Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction.

Ethnicity*

- ☐ American Indian/Alaska Native 01
- ☐ Black or African American 03
- ☐ Hispanic 04
- ☐ Caucasian 05
- ☐ Asian 06
- ☐ Native Hawaiian/Pacific Islander 07
- ☐ Multi-Ethnic 08
- ☐ Other 09

*Ethnic Minority information is optional and failure to provide it will in no way affect your membership status, rights or benefits in NEA, VEA or any of their affiliates. If included, this information will be kept confidential and will be used to determine the proportion of ethnic minority delegates in state and national delegations.

Member Signature _____ Date _____ HEA Contact _____