



2011-12 MEMBERSHIP APPLICATION

for **Instructional Assistants** and **US Grade 19 and Below** Employees

Fairfax Education Association • Virginia Education Association • National Education Association
Please mail to: FEA • 3917 Old Lee Highway • Fairfax, VA • 22030

703-352-7300

Please Print

<p>Name: _____</p> <p>Employee ID number: _____</p> <p>Social Security number: _____</p> <p>Work location: _____</p> <p>Job title/subject(s) taught: _____</p> <p>Work phone: _____</p> <p>Work email: _____</p> <p>Year of hire: _____</p>	<p>Home address</p> <p>Street: _____ Apt: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home phone: _____</p> <p>Cell phone: _____</p> <p>Home email: _____</p>
<p>Check one:</p> <p><input type="checkbox"/> Full time</p> <p><input type="checkbox"/> Part time</p>	<p>Check one:</p> <p><input type="checkbox"/> Paid monthly</p> <p><input type="checkbox"/> Paid bi-weekly</p>
<p>Were you a member of Student-VEA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you switching unions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>From which union? _____</p>	
<p>Instructional Assistants and US Grade 19 and Below Dues</p> <p>Monthly: 10 months - \$35.65 Bi-weekly: 20 pays - \$17.83</p>	

*Ethnicity				
<p>*Ethnicity information is optional and failure to provide it will in no way affect your membership status, rights or benefits in FEA, VEA, NEA or any of their affiliates. This information will be kept confidential.</p>				
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Multi-Ethnic	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown	
Year of birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			

IMPORTANT NOTE: If your work status changes from full-time to part-time, or from part-time to full-time after filling out this membership application, you must immediately submit a new application with the correct work status indicated for continuation of member benefits.

I authorize payroll deduction of Association dues by my employer as may be determined from time to time and contributions in the amount indicated, unless I revoke this authorization in writing to the FEA and the School Board.

Member Signature _____ **Date** _____

Recruiter (if applicable): **Print Name** _____ **Sign** _____

OFFICE USE ONLY	
Membership type: _____	Option: _____
Pay schedule: _____	Amount: _____