2011-12 MEMBERSHIP APPLICATION
for Teachers and US Grade 20 and Above 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

Name:	
Employee ID number:	
Social Security number:	
Work location:	
Job title/subject(s) taught:	
Work phone:	
Work email:	
Year of hire (If teacher, indicate first year teaching):	

Home address
Street: Apt:
City: State: Zip:
Home phone:
Cell phone:
Home email:

Were you a member of Student-VEA? ☐ Yes ☐ No
Are you switching unions? ☐ Yes ☐ No
From which union? _____

Check one:
☐ Full time
☐ Part time
☐ Paid monthly

Teachers and US Grade 20 and Above Dues
Monthly: 10 months - $67.58 11 months - $61.45 12 months - $56.32

***Ethnicity**
*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.

☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander	☐ Black ☐ Multi-Ethnic	☐ Hispanic ☐ Other	☐ Caucasian ☐ Unknown	☐ Asian
Year of birth:	Gender: ☐ Male ☐ 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: _____

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