# A Strong Collective Voice.





#### **LOUDOUN EDUCATION ASSOCIATION 2025-26 Enrollment Form**

Step 1: Join! There is power in numbers! Join today to help your colleagues protect and support public schools, students, and educators.

#### **■ MEMBERSHIP COMMITMENT: YES!** \*Required for processing

I want to join my fellow employees and become a member of the Loudoun Education Association, the Virginia Education Association, and the National Education Association. I hereby request and voluntarily accept membership in these associations and agree to subscribe to their principles, goals, and objectives and to abide by the Charter, Constitution and Bylaws of all three associations.

#### ANNUAL PAYMENT AUTHORIZATION: YES! \*Required for processing

I hereby agree to pay the annual (Sep. 1- Aug. 31) dues established by the three associations in consideration for the services the union provides. I understand that those annual amounts are subject to periodic changes by the governing bodies of the associations. I authorize on a continuing basis, and regardless of my membership status, the payment of the annual amounts established by the three associations through the payment method selected below unless I revoke this authorization in a signed writing sent to <a href="mailto:vea.membership@veanea.org">vea.membership@veanea.org</a>.

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. \*Required for processing

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First Name*:			Middle Name:		Last Name*:		SSN4:	
	Address*:			City*:			State/Zip*:	
Personal Ema		nil*:		Cell Phone:		Employee ID No*.:		
	Employer:		Work Location*:			Position*:		
	Birth Date:	/ /	Transferring Membership F	rom:		Subject:		
OPTIONAL	Ethnicity:	O American Indiar	/Alaska Native 🔾 Asian 🔾 Black	O Hispanic O Native Hawa	niian/Pacific Islander	O White (not Hispanic)	O Multi-Ethnic O Other	
OPTI	Gender:	O Female O Mal	e O Gender Expansive/Non-Conforming	O Other				
	4							

#### Step 2: Membership dues

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

Membership Type	Annual Dues 2025-26			Per Pay	Pay Method		
(Select one)*	LEA	VEA	NEA	Annual Total		Period	(Select one)*
O Professional Full-Time	\$189.96	\$383.00	\$219.00	\$791.96		\$30.46	O Electronic Funds Transfer (EFT) <sup>2</sup>
O Professional Part-Time	\$94.96	\$199.00	\$121.00	\$414.96		\$15.96	O Credit / Debit Card <sup>2</sup>
O ESP Full-Time	\$95.08	\$187.60	\$131.50	\$414.18		\$15.93	○ Payroll Deduction <sup>3</sup>
O ESP Part-Time	\$48.52	\$98.10	\$77.50	\$224.12		\$8.62	

Activate your membership immediately using EFT or Credit Card by applying online at:





<sup>&</sup>lt;sup>2</sup> Credit/debit card users will be charged monthly. EFT payments will roughly align with local payroll schedules. If paying by EFT or Credit/Debit Card, please complete the EFT / Credit Card authorization on the back of this form.

I authorize payroll deduction of Association dues by my employer for annual membership dues and fees required for membership in the National Education Association, Virginia Education Association, and Loudoun Education Association. I further authorize those payments to be made through the initial membership year ending August 31, and recurring annually thereafter beginning each September in the amounts set forth above.

I understand that if the governing bodies of NEA or its affiliates change the amount of annual dues, the VEA or local association will notify me in writing not less than 10 days before processing any changes to the amount described in the payment summary. Following notice, I authorize my employer to adjust the amount to be debited by adjusting my payments equally over the payment schedule.

I understand that this authorization continues year-to-year and shall remain in effect until the earlier of: 1) the termination of my eligibility to maintain membership in the Association; or 2) my written notice to terminate this authorization, which must be sent to the VEA at vea.membership@veanea.org and include my name, employer, and membership number, and reason for cancellation.

<sup>&</sup>lt;sup>1</sup>By providing my cell phone number, I understand that the National Education Association and its affiliates, including the Virginia Education Association and the Loudoun Education Association, NEA Member Benefits, and NEA360 may use automated calling techniques and/or text message me on a periodic basis. These entities will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

<sup>&</sup>lt;sup>3</sup> By selecting Payroll Deduction, you agree to the following:

<sup>\*</sup>Required for processing





**AVEA Local Union** 

## **NEA Member Benefits**

#### www.neamb.com

Free life insurance for all members Student loan forgiveness tools Discounted pet insurance and more

### **VEA**

## www.veanea.org

Access to Savings app
Attorney Referral program

**NEA** 

www.nea.org

LEA

www.loudounea.org

# Who's LEA? You are!

# We are educators like you.

We're your professional union in LCPS. We are passionate about our profession, our students, and our community! We advocate for working conditions, salary, and benefits. We support propublic education policy and legislation both locally and in Richmond.

We represent ALL Educators in LCPS.

# Join Today!

Our voices are amplified when we are united.

Our collective action creates change.

Our working conditions are student learning conditions.

www.loudounea.org/join-today

703 858 7700

