



Online form is available at www.LoudounEA.org
 19465 Deerfield Avenue, Suite 206, Lansdowne, VA 20176
 Phone: (703) 858-7700 Fax: (703) 858-7712
 E-mail: LEAOffice@LoudounEA.org Website: www.LoudounEA.org

Name: _____
 _____ First _____ Middle _____ Last _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 SSN (Last 4 only): _____ PID Number (If known): _____ Work Location (Ex. Aldie ES): _____
 Position: _____ Subject (Ex. Science): _____
 Cell Phone: _____ Home Phone: _____
 Personal E-mail: _____ Work E-mail: _____
 Date of Birth: _____ - _____ - _____ Gender: Female Male Other _____
 I was an SVEA Aspiring Educator member last year. I am a First Year Teacher this year.

Membership Types	Dues Amounts
<input type="checkbox"/> Full-time certified	26.85 per payroll
<input type="checkbox"/> Part-time certified	13.87 per payroll
<input type="checkbox"/> Full-time classified/ESP	14.21 per payroll
<input type="checkbox"/> Part-time classified/ESP	7.65 per payroll
<i>Dues reflected are based on a biweekly payroll schedule.</i>	
<input type="checkbox"/> Substitute Teacher	\$189.50 (annually)

African American Hispanic
 American Indian/Alaska Native Multi-Ethnic
 Asian Native Hawaiian/Pacific Islander
 Caucasian Unknown/Unidentified
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 LEA.

LEA/VEA/NEA representation will be available only if you are a member at the time of the incident. Prior or current investigations, issues, events, and concerns are not covered by LEA.

Initial to agree to the terms above:

Payroll deduction authorization: I hereby authorize LCPS Payroll to deduct Loudoun Education Association dues in equal installments from my paycheck. This authorization shall remain in effect from year to year, for dues amounts determined by the Association, until revoked in writing to LCPS Payroll and the Association by the 15th of the month for which it is my obligation to settle any unpaid balances directly with the Association. Furthermore, I authorize the Loudoun County Public School to notify the Association of any change in my work location, address or name.

Cash Pay authorization: I prefer to pay my dues with a one-time annual payment. A check payable to Loudoun Education Association is attached for the full amount of my annual dues. I understand that my membership will not automatically renew, and I will be invoiced each year.

* By completing this form, I will be an active member in the LEA/VEA/NEA.

Date: _____ Signature: _____
 Recruiter: _____
Please fax or pony completed form to LEA. The fax number is (703) 858-7712.

Telephone Consumer Protection Act: By providing my phone number, I understand that the National Education Association and its affiliates, including the Virginia Education Association, the local Association, NEA Member Benefits, and NEA360, may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. The National Education Association, the Virginia Education Association, and the local Association will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 787753 to stop receiving messages. Text HELP to 787753 for more information.