

www.loudounea.org

LOUDOUN EDUCATION ASSOCIATION

703 858 7700

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!

I want to join my fellow employees and become a member of 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!

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 vea.membership@veanea.org.

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.

SIGNATURE: _____ **DATE:** _____

First Name: _____ **Middle Name:** _____ **Last Name:** _____ **SSN4:** _____
Address: _____ **City:** _____ **State/Zip:** _____
Non-work Email: _____ **Cell Phone¹:** _____ **Employee ID No.:** _____
Employer: _____ **Work Location:** _____ **Position:** _____
Birth Date: ____/____/____ **Transferring Membership From:** _____ **Subject:** _____

OPTIONAL

Ethnicity: ☐ American Indian/Alaska Native ☐ Asian ☐ Black ☐ Hispanic ☐ Native Hawaiian/Pacific Islander ☐ White (not Hispanic) ☐ Multi-Ethnic ☐ Other
Gender: ☐ Female ☐ Male ☐ Transgender Female ☐ Transgender Male ☐ Gender Expansive/Non-Conforming ☐ Other

¹ By providing my cell phone number, I understand that the National Education Association and its affiliates, including the Virginia Education Association and 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.

Step 2: Membership dues

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

Membership Type (Select one)	Annual Dues 2024-25				Monthly	Per Pay Period	Pay Method (Select one)
	LEA	VEA	NEA	Annual Total			
<input type="radio"/> Professional Full-Time	\$193.90	\$364.00	\$213.00	770.90	\$59.30	\$29.65	<input type="radio"/> Electronic Funds Transfer (EFT) ²
<input type="radio"/> Professional Part-Time	94.92	\$188.00	\$118.00	\$400.92	\$30.84	\$15.42	<input type="radio"/> Credit / Debit Card ²
<input type="radio"/> ESP Full-Time	\$95.24	\$178.40	\$126.50	\$400.14	\$30.78	\$15.39	<input type="radio"/> Payroll Deduction ³
<input type="radio"/> ESP Part-Time	\$48.68	\$92.90	\$75.00	\$216.58	\$16.66	\$8.33	

² When using Electronic Funds Transfer (EFT) or Credit/Debit Card, payments will be debited monthly. If paying by EFT or Credit / Debit Card, please complete the EFT / Credit Card authorization on the back of this form.

³ By selecting Payroll Deduction, you agree to the following:

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 Local 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 Loudoun Education 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.

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

vea.link/joinvea



Step 3: Your professional needs and opportunities

1. What year did you enter the profession? _____

2. Your union provides training, support, and tools to ensure your professional success. What would you like to learn more about?

- ☐ Building relationships and meeting students' social-emotional needs ☐ Family and community engagement ☐ Technology ☐ Instructional and classroom strategies
☐ Health and safety ☐ Social justice and racial equity ☐ Reducing student debt ☐ Saving money with NEA Member Benefits

3. When we work together, we have a stronger voice. How would you like to participate in your union? (Mark all you are interested in)

☐ **Membership, Leadership & Advocacy**

Talking to colleagues about joining our union to build power for members. For example, participating as an organizer, building representative, or another Association leadership role.

☐ **Political Activism**

Volunteering with my union to elect pro-public education candidates from both parties—from my local school board to the White House.

☐ **Collective Action**

Helping get the word out about bargaining, meet & confer, or other workplace actions.

☐ **School Funding & Education Policy**

Working to increase education funding at my school, district, and state.

☐ **Leading Our Professions**

Supporting members to grow in their professional practices.

☐ **Thinking About It...**

I'm not ready to volunteer right now but I'm looking forward to staying informed.

4. Referred by? _____

Step 4: Support elected officials who support public education

☐ **YES! I WANT TO HELP ADVANCE POLITICAL CANDIDATES, LAWS, & POLICIES THAT POSITIVELY IMPACT EDUCATORS, STUDENTS, AND PUBLIC EDUCATION.**

☐ I hereby authorize the following annual contribution to be allocated as 40% to the NEA Fund, 40% to the VEA Fund and 20% to my local PAC.

☐ I hereby authorize the following annual contribution to be allocated as _____ % to the NEA Fund, _____ % to the VEA Fund, and _____ % to my local PAC.

I want to contribute: ☐ \$36 (\$3/month) ☐ \$24 (\$2/month) ☐ \$12 (\$1/month) By: ☐ EFT or ☐ Credit / Debit Card (select one)

SIGNATURE: _____

DATE: _____

The NEA Fund for Children and Public Education, VEA Fund for Children and Public Education and LEA PACs collect **voluntary contributions** from Association members for political work. This includes, but is not limited to, making contributions to (and expenditures on behalf of) friends of public education who are candidates for federal, state, and local offices respectively.

Only U.S. citizens or lawful permanent residents may contribute to the VEA Fund and LEA PACs. Contributions to the Funds are voluntary. Making a contribution is neither a condition of employment nor membership in the NEA, VEA or Loudoun Education Association, and **members have the right to refuse to contribute without suffering any reprisal**. The amounts listed above are only suggestions. A member may contribute more or less than the suggested amount, or may contribute nothing at all, without it affecting their membership status, rights, or benefits in NEA or any of its affiliates.

Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Virginia law requires political action committees to report the name, mailing address, occupation, and name and location of employer for each individual whose aggregate contributions exceed \$100 in a calendar year. Federal law prohibits The NEA Fund for Children and Public Education from receiving donations from persons other than members of NEA and its affiliates, and their immediate families. All donations from persons other than members of NEA and its affiliates, and their immediate families, will be returned forthwith.

Contributions to the NEA Fund, VEA Fund and LEA PACs are not deductible as charitable contributions for federal income tax purposes.

Step 5: Payment Information & authorization

(A) Dues amount (monthly)	\$	(B) PAC Contribution (monthly)	\$	Total amount to be debited each month (A+B)	\$
<small>Use \$0 for payroll deduction</small>					

☐ **ELECTRONIC FUNDS TRANSFER (EFT)**

Account Type: ☐ Checking ☐ Savings

Name on Account: _____

Name of Bank: _____ Routing Number: _____ Account Number: _____

☐ **CREDIT / DEBIT CARD**

Name on Card: _____ Card Number: _____ Exp Date: ____/____/____ CCV: _____

I authorize the Virginia Education Association (VEA) to charge my credit/debit card or checking/savings account, as provided above, for annual dues, fees and assessments and/or for any authorized PAC contribution. I further authorize those payments to be made through the remainder of this membership year ending August 31, and recurring annually each September thereafter beginning the month following the date I sign this agreement in the amounts set forth above. EFT payments are prorated and scheduled to coincide with payroll dates. Credit/debit card payments are scheduled for the 15th of each month. I understand that the final installment amount for the membership year may include a residual amount, not to exceed \$10, representing the sum that cannot be evenly distributed among the installments.

I understand that if the governing bodies of NEA or its affiliates change the amount of annual dues, the Virginia Education 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 the VEA 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. I understand that termination of this authorization will take effect 7 days after receipt by the state association. I further understand that termination of this authorization, or the rejection of any debit, shall not constitute the termination of my membership or dues obligation.

SIGNATURE: _____

DATE: _____