

## Central RVA UniServ Membership Application

Completing this application ensures your membership in your Local Education Association, the Virginia Education Association, and the National Education Association.

NAME \*

First Middle Last

EMPLOYEE ID \*

LOCAL ASSOCIATION (SCHOOL DIVISION) \*

POSITION \*

SUBJECT \*

### PERSONAL INFORMATION

Your personal information is safe and confidential. We safeguard it and share only with VEA member benefits partners.

BIRTH DATE \*

MM / DD / YYYY

SOCIAL SECURITY (LAST 4) # \*

0000

ADDRESS \*

Street Address

City

Select a State

State / Province / Region

Postal / Zip Code

United States

Country

PERSONAL / NON-WORK EMAIL \*

yourname@gmail.com

WORK EMAIL

CONFIRM EMAIL ADDRESS \*

CONFIRM EMAIL ADDRESS

PRIMARY PHONE \*

### - ### - ####

PRIMARY PHONE TYPE \*

☐ Home ☐ Cell ☐ Work

SECONDARY PHONE

### - ### - ####

SECONDARY PHONE TYPE

☐ Home ☐ Cell ☐ Work

**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.

**CHECK ALL THAT APPLY:**

- |   |   |
|---|---|
| <input type="checkbox"/> I am a <b>first year</b> educator                | <input type="checkbox"/> I have <b>5 years experience or less</b> |
| <input type="checkbox"/> I was an SVEA Aspiring Educator Member last year | <input type="checkbox"/> I was a VEA/NEA Member last year         |

**GENDER \***

- ☐ Female ☐ Male ☐ Non-Binary ☐ Transgender Female ☐ Transgender Male
- ☐ Gender Expansive/Non-Conforming

**ETHNICITY**

Ethnic Minority information is **optional** and not providing it will in no way effect your membership status, rights, or benefits in NEA, VEA, or any of their affiliates. If included, this information will be kept confidential and will be used to determine the proportion of ethnic minority delegates in state and national delegations.

- |  |                                    |
|--|------------------------------------|
| <input type="radio"/> American Indian/Alaskan Native   | <input type="radio"/> Asian        |
| <input type="radio"/> Black                            | <input type="radio"/> Caucasian    |
| <input type="radio"/> Hispanic                         | <input type="radio"/> Multi-Ethnic |
| <input type="radio"/> Native Hawaiian/Pacific Islander | <input type="radio"/> Other        |

**DUES CLASSIFICATION**

Dues payments are not deductible as a charitable contribution, however they may be deductible as a miscellaneous itemized expense. Consult your tax advisor for details.

**SIGNATURE (PAYROLL DEDUCTION)**

Annual membership dues to the NEA include \$5.65 for NEA Today, \$3.40 for NEA-Retired and/or \$6.58 for the Higher Education publications. The NEA publication(s) received by members are based on membership category. Annual membership dues to VEA include a subscription to the Virginia Journal of Education.

Membership is open only to those who agree to subscribe to the principles, goals and objectives of the Association and to abide by its charter, constitution and bylaws.

*I authorize payroll deduction of Association dues by my employer unless I revoke this authorization in writing to the Local Association and School Board.*

**SIGN BY DRAWING OR TYPING YOUR SIGNATURE IN THE BOX BELOW. \***

Draw or [Type](#)

I understand this is a legal representation of my signature.

[Clear](#)

**WHO ENCOURAGED YOU TO JOIN?**

CONTINUE

