

Online form is available at www.LoudounEA.org

19465 Deerfield Avenue, Suite 206, Lansdowne, VA 20176 Phone: (703) 858-7700 Fax: (703) 858-7712

Form Eff. 09/01/20

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	African AmericanHispanicAmerican Indian/Alaska Native Multi-Ethnic
Full-time certified	26.35 per payroll	AsianNative Hawaiian/Pacific IslanderCaucasianUnknown/Unidentified
☐ Part-time certified	13.62 per payroll	Ethnic minority information is optional and failure to provide it will in no
☐ Full-time classified/ESP	14.00 per payroll	way affect your membership status, rights or benefits in NEA, VEA or LEA.
Part-time classified/ESP Dues reflected are based on a	7.55 per payroll biweekly payroll schedule.	LEA/VEA/NEA representation will be available only if you are a member
Substitute Teacher	\$186.25 (annually)	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 15 th 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.

Internal use: \square IMS Entry \square Excel \square Payroll \square Packet Sent \square Email Sent