



ARLINGTON
EDUCATION
ASSOCIATION

an affiliate of **VEA**

2017-18 MEMBERSHIP ENROLLMENT

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Teaching. Learning. Leading.

PLEASE PRINT CLEARLY		WORK LOCATION? TRANSFERRING FROM ANOTHER SCHOOL DIVISION? WHICH ONE?		ARE YOU A FIRST YEAR TEACHER? <input type="checkbox"/> Yes <input type="checkbox"/> No									
NAME	FIRST	MIDDLE	LAST	SEX (circle one)	M / F								
ADDRESS			DATE OF BIRTH										
CITY, STATE, ZIP			EMPLOYEE ID or Last 4 of Social Security NUMBER										
HOME PHONE			MEMBERSHIP TYPES <table border="0"> <tr> <td><input type="checkbox"/> Full-time T, P OR E SCALE</td> <td>\$36.30 PER PAY</td> </tr> <tr> <td><input type="checkbox"/> Half-time T, P OR E-SCALE</td> <td>\$19.25 PER PAY</td> </tr> <tr> <td><input type="checkbox"/> Full-time A,X,M,C,-SCALE</td> <td>\$19.25 PER PAY</td> </tr> <tr> <td><input type="checkbox"/> Half-time A,X, M, C-SCALE</td> <td>\$10.91 PEEllen Bartlett (ellenbartlett@verizon.net); Rita Kincaid <reetk@aol.com>; Jeanne Osso</td> </tr> </table>			<input type="checkbox"/> Full-time T, P OR E SCALE	\$36.30 PER PAY	<input type="checkbox"/> Half-time T, P OR E-SCALE	\$19.25 PER PAY	<input type="checkbox"/> Full-time A,X,M,C,-SCALE	\$19.25 PER PAY	<input type="checkbox"/> Half-time A,X, M, C-SCALE	\$10.91 PEEllen Bartlett (ellenbartlett@verizon.net); Rita Kincaid <reetk@aol.com>; Jeanne Osso
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HOME EMAIL													
WORK PHONE													
T, P OR E -SCALE			TEACHERS, PRINCIPALS OR PROFESSIONAL STAFF										
A,X,M,C OR D-SCALE			ASSISTANTS, EXTENDED DAY, MAINTENANCE, CAFETERIA AND BUS DRIVERS										
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian (not of Spanish Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown/Unidentified <input type="checkbox"/> Multi-Ethnic													

Ethnic minority information is optional and failure to provide it will in no way effect your membership status, rights, or benefits in NEA, VEA or PWEA. This information will be kept confidential

SUBJECT (Please Check Only One)		POSITION (Please Check Only One)	
<input type="checkbox"/> Adult Education <input type="checkbox"/> Agriculture <input type="checkbox"/> Art <input type="checkbox"/> Basic Ed Curriculum <input type="checkbox"/> Bilingual Ed <input type="checkbox"/> Biology <input type="checkbox"/> Business Ed <input type="checkbox"/> Coaching <input type="checkbox"/> Communications <input type="checkbox"/> Computer & Info Science <input type="checkbox"/> Driver's Ed <input type="checkbox"/> Early Child Development <input type="checkbox"/> English/Language Arts <input type="checkbox"/> English as a Second Lang <input type="checkbox"/> World Languages <input type="checkbox"/> Geography	<input type="checkbox"/> Health & PE <input type="checkbox"/> Home Economics <input type="checkbox"/> Industrial Arts <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Marketing <input type="checkbox"/> Mathematics <input type="checkbox"/> Music <input type="checkbox"/> Physical Sciences <input type="checkbox"/> Reading <input type="checkbox"/> Religion/Philosophy <input type="checkbox"/> ROTC <input type="checkbox"/> Social Studies <input type="checkbox"/> Special Ed/Development Ed <input type="checkbox"/> Speech & Drama <input type="checkbox"/> Vocational & Tech Ed <input type="checkbox"/> No Subject Taught <input type="checkbox"/> General Subjects <input type="checkbox"/> Other	<input type="checkbox"/> Administrator <input type="checkbox"/> Clerk/Office Assistant <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Coach <input type="checkbox"/> Counselor <input type="checkbox"/> Custodian <input type="checkbox"/> Data Entry Clerk <input type="checkbox"/> Instructional/Teaching Assistant <input type="checkbox"/> Instructional Specialist <input type="checkbox"/> Librarian <input type="checkbox"/> Licensed Practical Nurse <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Psychologist	<input type="checkbox"/> Reading Specialist <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Reg/Attendance <input type="checkbox"/> ROTC Instructor <input type="checkbox"/> Secretary <input type="checkbox"/> Security Services <input type="checkbox"/> Social Worker <input type="checkbox"/> Special/Developmental Ed <input type="checkbox"/> Speech/Hearing Therapist <input type="checkbox"/> Other Please write in any subject and/or position not listed

MEMBERSHIP DUES IN THE ARLINGTON, VIRGINIA AND NATIONAL EDUCATION ASSOCIATIONS ARE NEVER USED FOR POLITICAL ACTIVITIES

I authorize payroll deduction of Association dues by my employer as may be determined from time to time and contributions in the amounts indicated above, unless I revoke this authorization in writing to the local Association. If employment or membership is terminated, amounts still owing under this authorization shall be deducted from final pay. I received a GIFT CARD rebate in the amount of _____, if I cancel my membership within 3 months I agree to repay this amount to AEA.

MEMBER SIGNATURE _____ DATE _____ NAME OF RECRUITER _____

Internal Use Only

_____ IMS _____ Payroll _____ Database _____ Membership Materials Source _____