

West Virginia Professional Educators, Inc. Membership Application

Dr. Mr. Ms. Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail (**required**) _____

County Where Employed _____ County of Residence _____

School Position _____

Referred by _____

Check Type of Membership Desired

Active Membership includes professionals who work full time, substitutes, and student teachers.

<input type="checkbox"/> Full time	\$150
<input type="checkbox"/> Substitute teacher	\$75
<input type="checkbox"/> Full time/permanent substitute	\$150
<input type="checkbox"/> Student with insurance	\$25
<input type="checkbox"/> Student without insurance	\$5

General Membership has no insurance and includes the following:

<input type="checkbox"/> Retired Personnel	\$20
<input type="checkbox"/> Legislators	\$20
<input type="checkbox"/> School board Members	\$20
<input type="checkbox"/> Friends of Education	\$20

Please check one of the options below for payment of dues

- Payment enclosed
- Continuous membership. I hereby authorize my employer to deduct the dues from my salary in installments. It is expressly understood that deductions from my salary will continue unless cancelled by written request or by termination of employment. (*full time only*)

Signed _____ Date _____ School Year _____

Mail to: Alma Page, Exe. Directors, 10587 Charleston Road, Red House, WV 25168

RENEWAL

If you signed up for **payroll deduction on a continuous basis**, there are no forms for you to fill out and you will receive your new membership card annually.

If you pay **annually with a check** you also need to complete the application and send to the address on the application.

If your **professional status has changed** and you are planning to work as a substitute you can still belong to WVPE and receive our services, including insurance, by enrolling for \$75.00.

If you have retired, you can join as a "Friend" member for \$20.00 and receive all our mailings.