Virginia Professional Educators

"Educators by Calling – Professionals by Choice"

Membership Application Form

Please mail or fax this application form to:

Virginia Professional Educators
Membership Processing
P.O. Box 885
Fredericksburg, VA 22404-0885
FAX: 540-834-4091

Type of Membership

- ❑ **Professional** *(Includes **$2 million per Member** Liability Insurance)* **$180** or **$15** per month
- ❑ **Substitute / Part-Time** *(Includes **$2 million per Member** Liability Insurance)* **$90** or **$7.50** per month
- ❑ **Student Teacher** *(Includes **$2 million** Student Teacher Liability Insurance)* **$25**
- ❑ **Retired Educator** *(Newsletters, Meetings, & Basic Member Benefits)* **$25**
- ❑ **Associate Member** *(Newsletters, Meetings, & Basic Member Benefits)* **$25**

Please Provide the Following Information:

Name_____D.O.B. ____/____/____
First Middle Initial Last

Mailing Address_____

City _____State _____Zip _____

Phone # (home)_____(work)_____

E-mail (home)_____(work)_____

School _____ District _____

Grades _____Subject(s) _____

Referred By:_____

Method Of Payment:

❑ **Check/Money Order** (Please make check payable to **VPE)** Check#_____

❑ **Credit Card:** ❑ MasterCard ❑ VISA ❑ Discover

Credit Card # _____Expiration Date _____

Print Cardholder Name _____Signature _____

❑ **Automatic Monthly Payments from Credit Card OR Checking Account (Only $15 per month)**
Please use the attached authorization form on the next page to begin automatic monthly payments.

Authorization Form for Automatic Monthly Payments - $15 per month

Virginia Professional Educators

As a convenience to our members, this form allows your annual membership fee to be automatically charged to your Credit Card OR to be deducted from your Checking Account. Your membership fee will automatically be charged in monthly payments of $15 each. These deductions can take place on either the 1st or 15th of the month (whichever date comes first after we receive your form). If you have a preferred date for deductions, please circle your choice: **1st or 15th**

Credit Card – For monthly payments from a Credit Card, please provide the following information:

Or, if you prefer, you can Join Online at **www.VirginiaEducators.org**

Credit Card #_____ **Expiration Date:** _____ **Card Type:** M/C, VISA, or Disc

Print Name as it Appears on Card:_____ **Date:**_____

Signature:_____ **E-mail:**_____

- I authorize Virginia Professional Educators to initiate monthly charges to this credit card payable to Virginia Professional Educators.
- This authority is to remain in full force and effect until VPE has received notification from me to cease.

Checking Account – For monthly payments from a Checking Account, please provide the following information:

Name of Bank or Financial Institution:_____

Bank Routing #_____ **Account #**_____

Print Name:_____ **Date:**_____

Signature:_____ **E-mail:**_____

- I authorize Virginia Professional Educators to initiate monthly debits to my account payable to Virginia Professional Educators.
- I authorize my financial institution indicated above to make such monthly payments to Virginia Professional Educators.
- This authority is to remain in full force and effect until VPE has received notification from me to cease.

Please enclose a check for your FIRST payment of $15.

This first payment will be used to confirm account and routing numbers.
All subsequent payments will be **automatically** drafted from your account.

You may submit this Automatic Monthly Payments Form to us by Fax or by Mail. **Fax to: (540) 834-4091**

Mail to: Virginia Professional Educators, Membership Processing, P.O. Box 885, Fredericksburg, VA 22404

If you have any questions, please call us toll-free at 1-888-873-9661 or e-mail us at Info@VirginiaEducators.org