

# 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: 540-785-2494

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- Frotessional	Trolessional (Teachers, Counselors, Administrators, Ataes)			OI	\$15 per monu
□ Support Staff (Clerical, Bus Drivers, Custodial, Cafeteria)			<b>\$90</b> /year	or	<b>\$7.50</b> per month
☐ Substitute / P	art-Time		<b>\$90</b> /year	or	<b>\$7.50</b> per month
□ Student Teac	her		<b>\$25</b> /year		
Please Provide t	the Following Information:				
Name	Middle Initial		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 Payı	ment:				
☐ Check/Money (	Order (Please make check payab	le to <b>VPE</b> ) Check	x#		<del></del>
☐ Credit Card:	☐ MasterCard ☐ VISA	☐ Discover			
Credit Card #		Expiration Da	ate		
Print Cardholder Nam	Signature				
□ Automatic Mont	thly Payments from Credit Card OI	R Chacking Account			

Please use the attached authorization form on the next page to begin automatic monthly payments.

#### **Authorization Form for Automatic Monthly Payments**

## **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 on a monthly basis.

Monthly payments are currently as follows:

• **Professional Membership** (Teachers, Instructional Aides, Counselors, Administrators)

• **Support Membership** (Clerical, Bus Drivers, Cafeteria, Custodial, Nurse)

\$15 per month \$7.50 per month

These deductions can take place on either the 1<sup>st</sup> or 15<sup>th</sup> of the month (whichever date comes first after we receive your form). If you have a preferred date for deductions, please circle your choice: 1<sup>st</sup> or 15<sup>th</sup>

<u>Credit Card</u> – For monthly payments from a	a Credit Card, please provide the fo	ollowing information
Credit Card #	Expiration Date:	Card Type: M/C, VISA, or Disc
Print Name as it Appears on Card:		Date:
Signature:	E-mail:	
<ul> <li>I authorize Virginia Professional Educators to</li> <li>This authority is to remain in full force and e</li> </ul>		1 .
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:	F-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.

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

		Dollars 🖬
<b>★</b> □USA Bank A	nywhere, USA	
Memo		
:123456200:	:789101112	0753:
Routing Number	Account Number	