



Dr. Mr. Ms. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail (**required**) \_\_\_\_\_

County where employed \_\_\_\_\_ County of residence \_\_\_\_\_

School position \_\_\_\_\_ **Person who referred you?** \_\_\_\_\_

**Check Type of Membership Desired**

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

_____ Full time	\$150
_____ Full time ( <i>partial year, joining after March 1<sup>st</sup></i> )	\$75
_____ Substitute teacher	\$75
_____ Full time/permanent substitute	\$150
_____ Student with insurance	\$25
_____ Student without insurance	\$5

**General Membership** has no insurance and includes the following:

_____ Retired Personnel	\$20
_____ Legislators	\$20
_____ School board Members	\$20
_____ 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.

\_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_ School Year \_\_\_\_\_

Mail to: Sue Atkinson, WVPE Membership, PO Box 276, Hometown, WV 25109

**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.