



Membership Application

1610 Washington St. E, Charleston, WV 25311

County of Employment: _____ School Where Employed: _____

Name: _____ Home E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Cell Phone: _____

Employee ID#: _____

Classification Category:

Member status:

Check One:

- | | | | |
|-------------|----------------|-------------------|---------------------------|
| Custodial | School Lunch | Regular Member | Cash (Check, Money Order) |
| Maintenance | Transportation | Substitute Member | Payroll Deduction |
| Office | Teacher Aide | Retiree Member | Pre-Authorized Debit |

Attention Payroll: Please discontinue dues for:

- AFT WVEA United Other

A percentage of membership dues go to the WVSSPA Political Action Committee for the use in local and state political activities. This amount is automatically included in the membership dues: however, the contribution is voluntary. Any member who does not wish to make this voluntary contribution may file a written request to WVSSPA between July 1 and July 31 for a refund of the contribution for the preceding year.

The Following Paragraph Applies to Payroll Deduction Only

I hereby attest that I am a continuing member of my service personnel association, and, in accordance with the laws of the State, hereby assign to the West Virginia School Service Personnel Association such money as necessary to pay the annual cost of the dues for my service personnel association, the said amount to be deducted from the salary due me from the _____ County Board of Education, and in such manner as agreed between the Board and my county school service personnel association. It is understood that this assignment is entirely optional with me, reserving the right to cancel such for any succeeding year before Sept. 1 in writing to the county board of education.

Signed: _____ Date: _____