



Bigger – Better - Stronger

1610 Washington St. E, Charleston, WV

STATE EMPLOYEE MEMBERSHIP APPLICATION



County of Employment: _____ Employer or Agency _____ Work Location or Division _____ SS # last 4 digits - XXX-XX- _____

Name: _____ Home E-Mail: _____

Address: _____ Cell Phone: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

Check One:

- Cash (Check, Money Order)
- Payroll Deduction

Attn. Payroll: Please discontinue dues for:

- AFT AFSCME UE Other _____

A percentage of membership dues goes 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 Applies to Payroll Deduction Only: I hereby attest that I am a continuing member of the West Virginia School Service Personnel Association and in accordance with the laws of the state of WV, I hereby authorize the State Auditor to deduct from my monthly salary and remit to the WVSSPA, membership dues in the amount certified by the WVSSPA to pay the annual cost of the dues for my service personnel association membership, the said amount to be deducted from the salary due me from the state of West Virginia. It is understood that this deduction is entirely optional and may be revoked at any time thirty days prior to the date on which the deduction is regularly made as stated in WV State Code §12-3-13b.

Signed: _____ Date: _____