LOUDOUN EDUCATION ASSOCIATION

2009-10 Enrollment Form

19465 Deerfield Avenue, Suite 206, Lansdowne, VA 20176
(703)858-7700 (phone) ~ (703)858-7712 (fax) ~ www.leaweteach.org

Print Name | | | | | | | | | | | | | | | | | | | | |

First name Middle initial Last name

Street address_____

City and State_____ Zip Code_____

School (If at LCPS Admin, please indicate Dept.)_____ Home Phone (____) _____

E-mail _____ Date of Birth_____ Male ____ Female____

Social Security number | | | | - | | | - | | | | |

Please circle subject, position, and ethnic codes at bottom of form.

CHECK ONE: ____ Full-time certified ____ Full-time classified
____ Part-time certified ____ Part-time classified

Certified Annual Dues: $574.00
Payroll deduction: **Full-time certified SEMI-MONTHLY** **$23.92**
Part-time certified SEMI-MONTHLY $12.17
Substitute teacher must pay by check when joining ANNUALLY **$149.75**

Classified Annual Dues: $299.50
Payroll deduction: **Full-time classified SEMI-MONTHLY** **$12.48**
Part-time classified SEMI-MONTHLY $ 6.52

PAYMENT OPTIONS: **____ Payroll Deduction** **____ Cash**

Payroll deduction authorization: I hereby authorize the Loudoun County School Board to deduct Loudoun Education Association dues in equal installments from my paycheck. This authorization shall remain in effect from year to year, for dues amounts determined by the Association, until revoked in writing to the Loudoun County School Board and the Association by the 15th of the month for which it is my obligation to settle any unpaid balances directly with the Association. Furthermore, I authorize the Loudoun County Public School to notify the Association of any change in my work location, address or name.

Date: _____ **Signature:** _____

Recruiter: _____

SUBJECT CODES
Accounting
Adult Basic Education
Art
Basic Ed Curriculum
Basic Skills and Remed Ed
Business Ed
Chemistry/Civics/Government
Coaching
Communication
Computer and Info Science
Drivers Ed
Early Child Development
Elementary Ed
English/Language Arts
English as a Second Lang.
Family & Consumer Science
Foreign Lang & Literature
General Subjects
Health & P.E.
Industrial Arts
Mathematics
Music
Reading
Science
Social Studies/Social Science
Special/Developmental Ed
Vocational Ed/Tech Ed
Other _____

POSITION CODES
Administrator
Adult Educator
Athletic Director
Bookkeeper
Bus/Truck/Van Driver
Classroom Teacher
Clerk/Admin/Office Asst
Counselor
Cook/Food Preparation Worker
Custodian
Health Care
Librarian/Media Specialist
Mechanic/Repairer
Nurse
Occupational Therapist
Physical Sciences
Physical Therapist
Plumber/HVAC Mechanic
Principal/Asst. Principal
Psychologist
Reading Specialist
Secretary/Steno
Special/Developmental Ed
Speech/Hearing Therapist
Speech & Drama
Tchr/Instruct/Prg Asst (Asst Teacher)
Other _____

ETHNIC CODE
American Indian/Alaska Native
Asian
Black
Caucasian (not Spanish origin)
Hispanic
Multi-Ethnic
Native Hawaiian/Pacific Islander
Other
Unknown

____ Yes, I was a Student VEA member. **(Please check)**

LEA Office Use
____ I&A Entry
____ Excel Entry
____ Payroll
Date _____
Initials _____

Thank You!

Please fax completed form to 703-858-7712 or Pony to LEA.