

**Please
Print!**

**West Virginia School Service Personnel Association
MEMBERSHIP APPLICATION**

Date of Application _____ Social Security No. _____
County _____ School Where Employed _____
Home Telephone No. _____ Work Telephone No. _____
Mr., Mrs., Miss _____
Address _____
City / Zip _____ E-Mail. _____

Check your classification category:

- Custodial School Lunch
 Maintenance Transportation
 Office Teacher Aide/Paraprofessional

Check member status

- Regular Member \$ _____
 Substitute Member \$ _____
 Retiree Member

CHECK ONE: Cash Payroll Deduction (continuing membership)

The Following Paragraph Applies To Regular Membership 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.

Date _____ Signed _____

The county association shall keep one copy and forward the original copy to the **West Virginia School Service Personnel Association, 1610 Washington Street, East, Charleston, West Virginia 25311**. The remaining copy may be used in the county office for payroll deduction purposes.