

WVSEA Membership Authorization Form

Cell Phone _____ College _____

Name (Last, First, Middle Initial) _____

SSN (Last 4) _____ Date of Birth _____

Address _____

City, State, Zip _____

Personal Email Address _____

Member's Signature _____ Date _____

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Year (Select One)				
FR	SO	JR	SR	GRAD
Association	MEMBERSHIP CODE	ANNUAL PAYMENT		
Student NEA	60	\$15.00		
WVSEA	60	\$13.00		
Local Chapter Dues	60			
TOTAL				*

*MEMBERSHIP YEAR: 9/1/23-8/31/24

POSITION CODE PAYMENT METHOD

MAIL COMPLETED FORM AND PAYMENT TO:
 WVSEA
 1558 Quarrier Street
 Charleston, WV 25311