

Virginia Governmental Employees Association

To ensure proper processing, make 3 copies of this completed form. Send one copy VGEA at 1011 East Main Street, Suite 400, Richmond, VA 23219 or fax to (804) 228-4501. If using payroll deduction, send a copy directly to your payroll office (if this is not convenient, send both copies to VGEA and we'll take care of the processing). Keep a copy for your records.

Recruited by _____

Check each category:

- Active Employee \$96/year
 Associate Member \$96/year
 Retired Employee \$48/year

Name (First, MI, Last): _____

Address: _____

City, State, Zip: _____

Phone: _____ (w) _____ (h or c)

Email: _____ (w) _____ (h)

Gender: M F Birthday: ____/____/____ Agency: _____

By providing your email address, you will automatically be signed up for VGEA eNews, ForeSight (electronic version) and other

VGEA electronic communications to notify you of membership benefits and important news and issues facing state employees and retirees.

Pay by Check Active/Associate membership \$96 Retiree membership \$48

Pay by Credit /Debit Card *Visa/MasterCard/Discover*

I understand my credit/debit card will be billed as I have indicated for my VGEA membership and so authorize said billing as well as additional card usage fees as they occur. I understand that charges declined by the card issuer will constitute grounds for cancellation of my membership and that all charges and card usage fees incurred will be subject to collection procedures. This authorization will continue until revoked in writing.

Select a Payment Schedule (For Credit/Debit Card Users Only)

Active/Associate membership \$96 Annually \$48 Semi-Annually \$24 Quarterly

Retiree membership \$48 Annually \$24 Semi-Annually \$12 Quarterly

Card # _____ Exp. _____

Signature _____

You can also pay by credit card by calling the VGEA office at 804-355-3120 or 888-323-3373.

Pay by Payroll Deduction (currently only available to active employees)

I authorize my employer to deduct \$4 per pay period to be remitted to VGEA.

Date to begin payroll deduction _____ (allow 2 weeks)

Employee Identification Number _____

Signature _____

Any deduction made from my compensation within thirty (30) days of the effective date of this authorization shall be refunded by the association if revoked within such thirty (30) day period. I also understand that the membership dues deduction may change if the association approves an increase or decrease of dues in accordance with its bylaws. Upon notification of an increase or decrease in dues, I understand that I will again have an opportunity to revoke this authorization in writing and receive a refund equal to one month's dues if revocation is made within a thirty (30) day period from the date of notification.

I choose NOT to have any portion of my dues go towards the VGEA Political Action Committee.