

Virginia Governmental Employees Association Membership Application

To ensure proper processing, make three copies of this completed form. Send one copy to 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 \$32/year
-

First _____ M _____ Last _____ Suffix _____
Informal Name _____ Birthday _____ Sex M/F _____
Job Title _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip _____
Phone (H) _____ (W) _____ (C) _____
Fax: _____
Email _____
Work Email _____
Agency _____
Signature _____

Payment Options

Check (Charge (Visa / MC / Discover)

Card # _____ Exp. Date _____

Signature _____

**Payroll Deduction: I authorize my employer to deduct \$4.00/pay period
beginning _____ (Allow 2 weeks) to be remitted to VGEA.**

EIN # _____ Signature _____

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

*Any deductions made from my compensation within thirty (30) days of the effective date of this authorization shall be refunded by the association if revocation is made within such thirty (30) days 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 the 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.