MEMBERSHIP ENROLLMENT
UNITED SCHGOOL SERVICE EMPLOYEES ASSOCIATION
OF
WEST VIRGINA
CONTINUING MEMBERSHIP APPLICATION

Date of Application_____
ID#_____
Name _____
Work Site _____
Home Address _____
_____
City /State _____ Zip _____
Telephone/Home _____ Telephone/Work _____
Email _____
Dues Payment: Cash _____ Payroll Deduction _____
Annual Dues **$50.00** **($5.00** per month)

Check your classification category:

_____ Custodian	_____School Lunch
_____ Maintenance	_____Transportation
_____ Office	_____Teacher Aide
_____ Sub.	_____ Retiree

I am requesting that dues for the United School Service Employees Association of West Virginia be withheld from my paycheck through Payroll deduction plan in _____County.

_____ _____
Signature Date

Instructions: Complete application and print **2 copies**. Keep one copy for your records, and mail the other copy to:

Debra Baker
132 Scenery Hill
Wellsburg, WV 26070

Or email to: **m_debbie@hotmail.com**

Questions: **Call 1-877-589-3399 or 304-589-3979**