WELCOME TO THE VGEA! MEMBERSHIP



Active Employee \$144/year	1st Virginia Retiree in Household - \$50/year	2nd Virginia Retiree in Household - \$25/year
Active Employee \$6/pay period	Friend of the VGEA \$144/year	PRIMARY RETIREE NAME
First Name :	Middle Name/Initial : Last	: Name :
Primary Email for VGEA News, Up	dates, Events : Secondary /	Backup E-Mail :
Mailing Address :	City :	State: Zip Code :
Primary Phone :	Secondary Phone :	LinkedIn :
Agency :	Referred By	: Date of Birth :
Payroll Deduction for Activ \$6 per paycheck remitted (ve Employees of this autho	on made within thirty (30) days of the effective date rization shall be refunded by the association if in the same thirty (30) day period. I understand that
Employee Identification Number :	dues may ch decrease in c increase or c an opportun receive a full	ange if the association approves an increase or accordance with its bylaws. Upon notification of an lecrease in dues, I I understand that I will again have ity to revoke this authorization in writing and refund equal to one month's dues if revocation is a thirty (30) day period from the notification date.
Credit or Debit Provide or call 804-355-3120 or 877-	details below 302-7146.	Check
Card # :	VGEA	
Exp/Code :		3ox 2110 erfield, VA 23832
Signature :		Date :