



northwest professional educators

# Northwest Professional Educators (NWPE)

## Membership Application and Payroll Deduction Enrollment Form

Please print clearly.

All fields are required unless noted.

**NWPE Professional Membership: \$16.50 per month/\$198 per year**

This application is for professional membership payroll deduction enrollment only. For other payment options and membership types, please visit [www.nwpe.org](http://www.nwpe.org).

### Enter Contact Information

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Billing Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred Phone Number \_\_\_\_\_ select type:  home  cell

Alternate Phone Number \_\_\_\_\_ select type:  home  cell  work

Preferred Email \_\_\_\_\_ select type:  personal  school

Alternate Email \_\_\_\_\_ select type:  personal  school

School Name \_\_\_\_\_ select school type:  public traditional  public charter  virtual  private/parochial  college/university  other

School District \_\_\_\_\_ School County \_\_\_\_\_ School State \_\_\_\_\_

Position \_\_\_\_\_ Grade(s) \_\_\_\_\_ Subject(s) \_\_\_\_\_

How would you prefer to receive your monthly newsletter, *Education Matters*?

Select one:  Printed copy, by mail  Digital copy, by email sent to preferred email

Interested in getting more involved?  Recruiting Members  Marketing/Public Relations  Professional Learning Ideas

Select all that apply:  Association Leadership  Legislative Advocacy

Who referred you to our organization? \_\_\_\_\_

### Complete Payroll Deduction Authorization

By signing below, I authorize my employer to deduct annual professional membership dues as established annually from my salary according to terms set forth by mutual consent for this membership year and every year thereafter. This authorization may be cancelled for a succeeding membership year by providing written notice to that effect to the association's national headquarters and to my employer's payroll administrator.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Submit Completed Application

- mail completed application to NWPE, PO Box 28496, Spokane, WA 99228-8496
- fax completed application to 509-466-1229
- scan completed application and email to [director@nwpe.org](mailto:director@nwpe.org)
- hand completed application to an NWPE staff member

#### Payroll Administrators Only

NWPE Payroll Deduction Process:

1. Please divide the **\$198.00** yearly dues into monthly payments according to length of contract.
2. Send payment (one check for all members) payable to **NWPE** along with a list of current members to our office:  
NWPE, PO Box 28496, Spokane, WA 99228-8496

#### NWPE Staff Only

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_