

**THE PENNSYLVANIA STATE EDUCATION ASSOCIATION
SUBSTITUTE AT LARGE MEMBERSHIP ENROLLMENT FORM**

Local Association Number XX-98-10-0
Local Association Name SUBSTITUTE MEMBERS AT LARGE

REQUIRED INFORMATION

Last Name _____ First Name _____ MI _____
Street Address _____
City _____ State _____ Zip Code _____
COUNTY OF RESIDENCE _____

REQUESTED INFORMATION

Last four digits of SS # or PSEA ID # _____ Date of Birth _____
Home Phone (____) _____ Cell Phone (____) _____
Home Email _____

SUBSTITUTE AT LARGE MEMBERSHIP (September 1 through August 31 – no prorating) \$ 40.00

Check # _____ OR

Credit Card # _____
3 or 4 digit security code _____ Exp date _____

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

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Long Term Substitutes working for more than 4 weeks are not eligible for this category. If you become a Long Term Substitute or eligible for any other PSEA membership category, you will be considered an active member and therefore not eligible for Substitute Membership.

By providing my phone number, I understand that the Pennsylvania State Education Association (PSEA), and the local association may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. PSEA and the local association will not charge for text message alerts. Carrier message and data rates may apply. I understand that I am not required to agree to automated calling techniques and/or text messages as a condition of membership. If at any point you no longer wish to receive text messages or calls, please send an email request to optout@psea.org.

Dues payments are not deductible as charitable contributions for federal or state income tax purposes.
Signature _____ **Date** _____

PSEA Financial Management
400 North Third Street
PO Box 1724
Harrisburg, PA 17105-1724