



Virginia Business Education Association 100% Membership Form **2016-2017**

School _____

School Address _____

School Administrator(s) to be contacted for membership recognition:

Name / Title	Email
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Name / Title	Email
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School Division _____

Number of Teachers in Dept: _____ (Full and Part-Time)

(Note: ALL Business and Information Teachers in school must be paid VBEA member to earn 100% status for the school)

Name of Person Completing this Form: _____

Email of Person Completing this Form: _____

Names of teachers who have paid VBEA dues for **2016-2017**:

(Membership year dates are September 1, 2016- August 31, 2017)

1. _____
2. _____
3. _____
4. _____

VBEA Region (choose one— Required for Processing):

Capital Region Germanna Longwood New River Northern VA
Shenandoah Colonial Tidewater UVA's College at Wise VSU
Virginia Western

Submit 100% Form to:
Dana T. Dingell, VBEA Vice President
Madison High School, 2500 James Madison Drive, Vienna, VA 22181

Email: dt dingell@fcps.edu or dt dingell@gmail.com