



Virginia Business Education Association 100% Membership Form **2017-2018**

School _____

School Address _____

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

Name / Title	Email

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 **2017-2018**:
(Membership year dates are September 1, 2017- August 31, 2018)

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 Tri-Cities
Blue Ridge (formerly Virginia Western)

<p align="center">Submit 100% Form to: Dana T. Dingell, VBEA Vice President Madison High School, 2500 James Madison Drive, Vienna, VA 22181 Email: dtdingell@fcps.edu or @gmail.</p>
