Virginia Business Education Association
100% Membership Form **2024-2025**

School _____

School Address _____

_____

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

Name/Title _____

Email _____

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 members to earn 100% status)

Name of Person Completing this Form: _____

Email of Person Completing this Form: _____

Names of teachers who have paid VBEA dues for **2024-2025**:
(September 1, 2024- August 31, 2025)

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

VBEA Region (choose one—Required for Processing):					
Blue Ridge	Capital	Colonial	Germanna	Longwood	New River
Northern VA	Shenandoah	Tidewater	Tri Cities	UVA's College at Wise	

Please Submit Form to:

Angel Mason, Membership/Engagement Committee Chair
15435 Martins Hundred Drive
Centreville, VA 20120
Email: angelvmason@gmail.com