



LEA Faculty/Staff Enrollment Form

Save on full faculty enrollment through December 31, 2024!

Name of School/Congregation: _____

Address: _____

Contact: _____ Position _____

Phone: (____) _____ Email: _____

1. Please list names of staff members on reverse side of this form. **(All full-time, professional, school staff must be included to qualify for the discount.)** Husband/wife (H/W) memberships may be included. DCE, DCO, pastor and other staff may also be included but do not have to be to receive the discount.
2. Please include email addresses if they have changed and also for new members.
3. Payment by credit card, debit card or check. Enter credit or debit card information below.
4. Consider multiple-year memberships to increase total savings.

NOTE: To protect a school or a congregation's investment, multi-year, all-staff memberships may be purchased for distribution to staff members on an annual basis. Members own their memberships for one year; memberships are not transferable from one member to another in that year unless written and signed permission is granted by the member and provided to LEA! For multi-year memberships, schools and congregations may redistribute memberships upon the anniversary of the membership period.

One-year package: Total staff _____ x \$144 = \$ _____ less 10% discount \$ _____ = Subtotal \$ _____

H/W mem _____ x \$168 = \$ _____ less 10% discount \$ _____ = Subtotal \$ _____

Add subtotals for TOTAL DUE \$ _____

Two-year package: Total staff _____ x \$264 = \$ _____ less 10% discount \$ _____ = Subtotal \$ _____

H/W mem _____ x \$312 = \$ _____ less 10% discount \$ _____ = Subtotal \$ _____

Add subtotals for TOTAL DUE \$ _____

Three-year package: Total staff _____ x \$360 = \$ _____ less 10% discount \$ _____ = Subtotal \$ _____

H/W mem _____ x \$432 = \$ _____ less 10% discount \$ _____ = Subtotal \$ _____

Add subtotals for TOTAL DUE \$ _____

Form of Payment: Check (Payable to Lutheran Education Association) _____

Debit or Credit Card: **Be sure to include billing zip code and CVV as well as expiration date**

Card number: _____ Exp. date _____

Amount Authorized: _____ Name as it appears on card: _____

Signature: _____

Zip Code that bill for card is sent to: _____ CVV Number _____



Faculty/Staff List

Please list the names of all faculty and staff members below.

Faculty members, who are not current members of LEA, should also fill out an individual membership form (download and print from the LEA website (www.lea.org)). Please indicate any changes for current members (e.g., position, name or email) on the lines at the right. If you need additional space, please add another sheet.

Faculty/Staff Names

List changes for faculty/staff

Please contact the LEA office if you have any questions about membership.

Phone: 708/209-3343

Fax: 708/209-3458

Email: lea@lea.org