



# Faculty/Staff Enrollment Form

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 for everyone.

3. Payment by credit card or check. Enter credit 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 7400 Augusta St. River Forest, IL 60305

Debit or Credit Card: **Be sure to include billing zip code and CVV as well as expiration date** or call the LEA office at 708-209-3343

Card number: \_\_\_\_\_ Exp. date \_\_\_\_\_

Amount Authorized: \_\_\_\_\_ Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

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

