



MEMBERSHIP APPLICATION • California State Employees Association
 Local 1000 SEIU, AFL-CIO, CLC — 1108 'O' Street • Sacramento, CA 95814 • (916) 444-8134

PLEASE TYPE OR PRINT

Chapter _____

Social Security No.	Last Name	First Name	Initial
Number and Street		City	Zip Code
Employed by	Department or Campus - work location		Room No.
Classification	Monthly Salary \$ ()	Business Phone ()	Home Phone
Recruiter Name		Recruiter S.S.#	

I hereby apply for membership in the California State Employees Association (CSEA) and hereby agree to abide by the CSEA Bylaws and Policies, including those of its divisions (collectively referred to as "Policy File.") In becoming a member I authorize CSEA to establish with the appropriate agency the withholding from my pay or retirement allowance of CSEA dues and any benefit deductions. I understand that my membership rights are set forth in the Policy File, which is subject to amendment by CSEA, and are affected by applicable labor contract(s) ("A Memorandum of Understanding" or "MOU") between CSEA and the State of California or the California State University, and a copy of the Policy File and applicable MOU are always available to me by contacting CSEA Headquarters, 1108 'O' Street, Sacramento, California 95814. Should an applicable MOU provide for the maintenance of membership, I understand that I must remain a member for the duration of the MOU, except that I may terminate membership during the last thirty (30) days of such MOU. Unless instructed to the contrary below, CSEA is hereby further authorized to withhold from my pay or retirement allowance an additional \$2.00 per month for CSEA's non-partisan political activity.

Form 1 (1/99) By writing my initials in this box I instruct CSEA *NOT* to withhold an additional \$2.00 per month for political activity. Signature: _____ Date: _____

DO NOT ENLARGE
 this document when printing or
 photocopying.

After completing the application, mail it to:
 CSEA Member Services
 1108 O Street
 Sacramento, CA 95814