

FOR OFFICE USE:

CSEA ID _____

AREA _____

CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

Application for Membership and Salary Deduction Authorization



PLEASE PRINT

Last 4 Digits of SSN _____ Chapter Name _____ Chapter Number _____ E-mail _____

_____ DOB |_____|_____|_____| Female Male
Last Name Legal First Name MI Mo Day Yr

_____ (_____) _____
Street Address City State Zip Home Telephone

_____ (_____) _____
Mailing Address (if different) City State Zip Cell Telephone

_____ (_____) _____
District/Employer Work Site Employee number Work Telephone

Select one: 9 Month Employee 10 Month Employee 11 Month Employee 12 Month Employee Other _____

Select one: 1. Maintenance & Operations 2. Office & Technical 3. Food Service 4. Transportation 5. Paraeducator 6. Special Services

I wish to be represented by CSEA as my sole and exclusive collective bargaining representative for all matters relating to wages, hours and other terms and conditions of employment.

I hereby apply for membership in the California School Employees Association (CSEA) and agree to abide by the Constitution and Bylaws and written policy of the Association at any level and authorize my employer to deduct from my salary and pay to CSEA the periodic dues or other deductions for services provided by or through CSEA. If an increase or decrease in dues or other deductions is adopted by CSEA, this authorization shall include the then-established dues or other deductions and no new authorization shall be required.

***NOTE:** Your CSEA membership in good standing for purposes of establishing voting rights and eligibility to hold CSEA offices will not commence until the first of the month **after** the first payroll deduction has been taken, unless cash payment for the interim period is remitted with this application. **Exception:** Fair share service fee payers currently being payroll deducted for fair share service fees will be "in good standing" immediately upon submitting a signed and dated membership application, and payment of applicable chapter dues for the interim period.

SUPPORT CSEA'S POLITICAL EDUCATION FUND - OPTIONAL

OPTIONAL: I hereby authorize _____ (my employer) to deduct each month the sum of: \$3.00 \$5.00 \$10.00 Other \$_____ (Please select your choice). I understand that my contributions will be used to advance the political interests of classified employees, public education, working families and the labor movement by supporting federal, state and local candidates, and that any contributions over \$200 per calendar year will be used to support or oppose ballot measures and pass school bonds and parcel taxes. I understand that this authorization is voluntary and that I may refuse to contribute without reprisal. The amounts shown are only suggestions. You are free to indicate any amount you choose and there will be no favor or disadvantage by reason of the amount of your contribution or your decision not to contribute. This authorization may be revoked in writing at any time.

Contributions to the CSEA Political Education Fund are not deductible for federal income tax purposes. The effective date will be the date of the next payroll following receipt of this application by the employer.

Initial here



California School Employees Association
PACE of CSEA Victory Club
Federal and State PAC

Mailing address:
CVUSD Interoffice mail
Address to CSEA

Date _____ Member's signature _____