FOR OFFICE USE:
CSEA ID _____
AREA _____I_____

CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

Member Enrollment and Salary Deduction Authorization

AFL-CIO

PLEASE PRINT

_____ DOB _____/_____/_____ ○ Female ○ Male ○ Non-Binary ○ Prefer not to disclose
Last Name Legal First Name MI Mo Day Yr

(_____)_____
Cell Telephone ***(required)***

○ I would like to receive important announcements and occasional automated text messages from CSEA. I can opt-out at any time by replying STOP to a message. Message and data rates may apply according to your personal cell-phone plan. To read our Terms of Service and Privacy Policy go to *csea.com*.

_____
Street Address City State Zip

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

Personal email ***(required)*** _____

Work email (*optional*) _____

Last 4 Digits of SSN _____ Chapter Name _____ Chapter Number _____

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

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 CSEA and agree to abide by the Constitution and Bylaws and written policy of CSEA at any level. I hereby separately authorize and direct my employer to deduct from my salary and pay to CSEA its regular rate of dues and chapter dues. If an increase or decrease in dues is adopted by CSEA members, this authorization shall include the then-established dues and no new authorization shall be required. This dues authorization is voluntarily made in order to pay my fair share of CSEA's costs for representing me, and is not conditioned on my present or future membership in CSEA. This authorization shall be irrevocable for a period of one year from the date of my signature, and shall be automatically renewed for successive annual periods unless revoked by written notice to CSEA within a window period between 40 days and 30 days prior to the anniversary date of my signature. This authorization will remain effective if my employment with my employer is terminated and I am later re-employed by the same employer, or if I leave a CSEA-represented bargaining unit at my employer and later return to it.

***NOTE:** Your CSEA membership in good standing for the above purposes and for 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.

SUPPORT CSEA'S POLITICAL EDUCATION FUND

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

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 _____

Date _____ Member's signature _____

Mailing address:
California School Employees Association
2045 Lundy Avenue, San Jose, CA 95131

Recruited by _____