



# CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

## Application for Membership and Salary Deduction Authorization

PLEASE PRINT

Social Security Number \_\_\_\_\_ Chapter Number \_\_\_\_\_ Employee Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ DOB |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  Female  Male  
 Mo Day Yr

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone \_\_\_\_\_  
 (\_\_\_\_\_)\_\_\_\_\_

Date of Hire \_\_\_\_\_ District/Employer \_\_\_\_\_ Work Site \_\_\_\_\_ Work Telephone \_\_\_\_\_  
 (\_\_\_\_\_)\_\_\_\_\_

Please check one:  9 Month Employee  10 Month Employee  11 Month Employee  12 Month Employee  Other \_\_\_\_\_

Hours worked per week \_\_\_\_\_ Hours worked per month \_\_\_\_\_ Hourly rate \_\_\_\_\_  Full-time  Part-time

Job Classification Code: (check one)

1. operations  2. maintenance  3. office & technical  4. food service  5. transportation  6. paraprofessional  7. data processing  8. security/peace officer

**FOR CHAPTER TREASURER USE ONLY: PLEASE PRINT**

First Salary Deduction Effective Payroll Date (Mo/Yr) \_\_\_\_\_

\*Cash Payment of \$ \_\_\_\_\_ covering month(s) of \_\_\_\_\_  
 is hereby remitted with application. (See note below.)

1. Monthly CSEA Dues \$ \_\_\_\_\_  
 (pursuant to State Constitution & Bylaws)  
 2. Monthly Chapter Dues \$ \_\_\_\_\_  
 3. Other Deductions \$ \_\_\_\_\_

**Chapter Treasurer:** **Chapter Treasurer:** Please make sure the application is completely filled out, and the member receives a copy of the Information for New Members Sheet regarding CSEA dues structure. Copies are distributed as follows: original—local field office; green—school district; yellow—chapter treasurer; pink—member's copy. Please make sure the form is signed and dated.

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:** Service fee payers currently being payroll deducted for service fees will be "in good standing" immediately upon submitting a signed and dated membership application.

CSEA maintains the Victory Club, a political action and education effort to assist in protecting and advancing the interests of our members. You may voluntarily contribute additional monies to those efforts. By initialing the box to the right, I hereby join the Victory Club and authorize CSEA to withhold from my salary an additional \$2.00 per month for this purpose.



Initial here

Date \_\_\_\_\_ Member's signature \_\_\_\_\_ Treasurer's signature \_\_\_\_\_ Area \_\_\_\_\_