



CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

Application for Membership and Salary Deduction Authorization

PLEASE PRINT

Social Security Number _____ Chapter Name & Number _____ Employee Number _____

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

Street Address _____ City _____ State _____ Zip _____ E-mail _____

Mailing Address (if different) _____ 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 _____ Monthly Salary \$ _____

Job Classification Code: (check one) 1. maintenance & operations 2. office & technical 3. food service 4. transportation 5. paraeducator 6. security/peace officer

FOR CHAPTER TREASURER USE ONLY: PLEASE PRINT		
First Salary Deduction Effective Payroll Date (Mo/Yr) _____	1. Monthly CSEA Dues (pursuant to Association Constitution & Bylaws)	\$ _____
*Cash Payment of \$ _____ covering month(s) of _____ is hereby remitted with application. (See note below.)	2. Monthly Chapter Dues	\$ _____
	3. Other Deductions	\$ _____
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—CSEA headquarters; green—employer; 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:** 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.

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 _____