



Associate Membership Application • Legislative Employees

Chapter 918

(Print) Last Name First Name Initial Social Security #

Home Address City State Zip Code

Legislative Office/ Room Number

Business Address City State Zip Code

Home Phone Business Phone Home E-mail Business E-mail

ASSOCIATE MEMBERSHIP • Membership dues are \$12.00 per year (payable to CSEA) annually.

I hereby apply for Associate membership in the California State Employees Association and agree to abide by the Association's Bylaws and Policy. I further agree that the Association act as my agent in payroll deduction agreements and transactions between myself and CSEA benefit providers.

Signature

Date