



APPLICATION FOR CSEA MEMBERSHIP

CSEA, Local 1000 AFSCME, AFL-CIO
143 Washington Avenue, Albany, New York 12210



I HEREBY AUTHORIZE THE CIVIL SERVICE EMPLOYEES ASSOCIATION, INC. (CSEA), LOCAL 1000 AFSCME, AFL-CIO, TO BE MY EXCLUSIVE REPRESENTATIVE FOR COLLECTIVE BARGAINING AND THEREFORE REVOKE ANY OTHER REPRESENTATIVE THAT I MAY HAVE PREVIOUSLY DESIGNATED. I ALSO HEREBY AUTHORIZE THE FISCAL OR PAYROLL OFFICER OF MY EMPLOYER TO DEDUCT CSEA DUES FROM MY SALARY IN THE AMOUNT CERTIFIED BY CSEA IN THIS AND SUCCEEDING YEARS OF MY EMPLOYMENT AND MEMBERSHIP.

DUES, CONTRIBUTIONS OR GIFTS TO CSEA ARE NOT TAX DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS. HOWEVER, THEY MAY BE DEDUCTIBLE AS ORDINARY AND NECESSARY BUSINESS EXPENSES.

Signature: _____

Date: _____

This application may be faxed to the CSEA Membership Dept. at: (518) 465-2382

PLEASE PRINT CLEARLY

- Mr.
- Mrs.
- Ms.
- Miss

SOCIAL SECURITY NUMBER _____

FIRST NAME MI LAST NAME

NICKNAME _____

EMPLOYER PLACE OF EMPLOYMENT/LOCATION

MAILING ADDRESS STREET ADDRESS LINE 1 STREET ADDRESS LINE 2

WORK ADDRESS STREET ADDRESS

CITY STATE ZIP

CITY STATE ZIP

HOME PHONE () AREA CODE LISTED UNLISTED

WORK PHONE ()

CELL PHONE ()

JOB TITLE _____

DATE OF BIRTH mm / dd / yyyy

ANNUAL SALARY _____

HOME E-MAIL _____

CHECK BOX IF YOU ARE A VETERAN

CSEA OFFICE USE ONLY

• Please fold and tape to seal and drop in any mailbox •