

.

CSEA MEMBERSHIP APPLICATION

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.

deductible as ordinary and r stating my intent to resign, o number, and CSEA ID number Mail to: CSEA Statewide Secr Inc., 143 Washington Avenue	necessary busine along with my no er, by United State etary, Civil Service	ame, address, telephone is Postal Service First Class e Employees Association,		, ,
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss	<u>Please Print Cl</u>	Learly and Complete All Fl	ields	
First Name	MI	Last Name	Date of Birth (MM/DD/YYYY)	
Mailing Address				
Street		City	State	Zip
Home Phone		Cell Phone		
Home Email		Social Security #		
Employer	Er	mployment Location/Local # .	828 - Unit 7400	
Work Address				
Street		City	State	Zip
Job Title		Annual Salary		
☐ Check if You Are a Vete	eran			
Signature:		Date:		
By providing my cell phone n	umbarl aanaant	t		al a silla mandanana

By providing my cell phone number I consent to receive calls (including recorded or autodialed calls or texts) at my cell phone number from CSEA and its affiliated labor organizations on any subject matter. You may modify your preferences by calling CSEA at 1-800-342-4146 or visiting the CSEA website at cseany.org.

