

## Membership Application

Please Completely Fill In All Information. Please Sign & Date Below.

**FAILURE TO COMPLETELY FILL IN ALL INFORMATION MAY RESULT IN DELAY OF BENEFITS**

Name:			
	FIRST NAME	MIDDLE NAME	LAST NAME
Home Address:			
	NUMBER & STREET	CITY	STATE ZIP CODE
Email Address:			I <b>DO</b> <b>DO NOT</b> want to receive email communication from the Association.
	PERSONAL EMAIL ADDRESS ONLY (DO NOT USE COUNTY EMAIL)		
Phone Number:			
	HOME PHONE #	PERSONAL CELL #	WORK PHONE # WORK CELL #

CURRENT CLASSIFICATION	EMPLOYEE ID #	LAST 4 DIGITS OF SSN	BIRTH DATE	HIRE DATE
DEPT/DIV	WORK-SITE LOCATION	BARGAINING UNIT	MAIL STOP	

**AFFIRMATION FOR ALL MEMBERS TO THE ASSOCIATION OF SAN DIEGO COUNTY EMPLOYEES:**

I hereby make application for membership in the Association of San Diego County Employees and agree to abide by the regulations as set forth in the Articles of Incorporation, and the Constitution and Bylaws. I hereby designate the Association of San Diego County Employees to represent me in collective bargaining and all matters pertaining to wages, hours, working conditions and all other matters concerning my employment.

<b>SIGN HERE</b>	<b>X</b>	
		DATE SIGNED
SIGNATURE		

## The Association of San Diego County Employees

## Membership Authorization

**PLEASE COMPLETELY FILL IN ALL INFORMATION. PLEASE SIGN & DATE**

FIRST NAME	MIDDLE NAME	LAST NAME
LAST 4 DIGITS OF SSN		EMPLOYEE ID #

**MEMBERSHIP AUTHORIZATION TO THE COUNTY OF SAN DIEGO:** I hereby designate the Association of San Diego County Employees to represent me pertaining to wages, hours, working conditions and all other matters concerning my employment. I, the undersigned, as an employee of the County of San Diego have entered into an agreement with the Association of San Diego County Employees (*hereafter referred to as the Agency*) whereby payments becoming due thereafter may be deducted from salary or wages due or to become due to me as such an employee and I hereby authorize the County Auditor and County Treasurer to deduct from my salary or wages and pay said Agency such sums as said Agency may certify to the County Auditor are due to the Agency. This authorization shall apply to any increase or decrease due said Agency and is to continue in effect until terminated by termination of my employment and final payment for such employment or until termination by written notice served by the undersigned on the Agency.

I furthermore authorize the County Auditor to release necessary payroll data to the above Agency with the understanding that such data shall be limited to that necessary for the Agency to conduct its business and such released information shall not be used for any purposes other than those for which the Agency is authorized to act as my agent.

<b>SIGN HERE</b>	<b>X</b>	
		DATE SIGNED
SIGNATURE		