

# OCEA MEMBERSHIP APPLICATION

REFERRED BY \_\_\_\_\_

LAST NAME		FIRST NAME	MIDDLE NAME
EMPLOYEE ID NUMBER		SOCIAL SECURITY NUMBER	BIRTHDATE
HOME ADDRESS—STREET		CITY	ZIP
AGENCY/DEPARTMENT		HOME EMAIL ADDRESS	
HOME PHONE		CELL PHONE	WORK PHONE

- I hereby apply for membership in the Orange County Employees Association, Inc., and if accepted I authorize the Association to represent me in all matters pertaining to my employment relationship with the County of Orange before the governing bodies of the County, or any district or agency within Orange County of which the Board of Supervisors of Orange County serves as the directing board. In the event this application for membership is accepted by the Association, I understand that no representation service will be rendered by the Association to me with respect to any grievance and/or other appealable matter which arises within thirty (30) days after receipt of this application at Association Headquarters and my payment of membership dues has been received by the Association.
- \$3.00 of the annual dues is applied toward a yearly subscription to the OCEA Employee. The payroll deduction includes a PAC contribution (presently \$1.60 cents per pay period or 80 cents for part-time employees), unless I have opted out in writing.
- I have authorized the Auditor-Controller of the County of Orange to deduct from salary due me the appropriate amounts for dues and/or premiums and to pay the same to the proper agent until canceled in writing. It is expressly understood that the amounts may be subsequently adjusted to meet dues and premium changes duly prescribed.

I hereby accept \$1,000 **free** Accidental Death & Dismemberment Insurance from Orange County Employees Association.

FULL NAME OF BENEFICIARY (EXAMPLE: HELEN ANN JONES—NOT "MRS. JOHN JONES")	RELATIONSHIP OF BENEFICIARY
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EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## PAYROLL DEDUCTION AUTHORIZATION

COUNTY OF ORANGE				FOR OFFICE USE ONLY	
EMPLOYEE'S FIRST NAME	MIDDLE NAME	LAST NAME	DEPARTMENT	AGENCY	LOCATION

THIS DEDUCTION IS FOR PAYMENT TO:		FOR OFFICE USE ONLY
<b>ORANGE COUNTY EMPLOYEES ASSOCIATION</b>		PAY PERIOD EFFECTIVE:

AGENCY	COUNTY IDENTIFICATION NUMBER	DEDUCTION TYPE	DEDUCTION PLAN	BIWEEKLY AMOUNT
<b>1</b>		<b>OCEA</b>	<b>OCEA</b>	<b>\$</b>

- I hereby authorize the Auditor-Controller of the County of Orange to deduct from salary due me the amount or percentage indicated above, and to pay the same to the proper agent, such deduction to continue until I notify such official in writing. It is expressly understood that that amount may be subsequently adjusted to meet rate changes duly prescribed unless I withdraw my membership and deduction authorization.
- It is expressly understood and agreed that the Auditor-Controller or other disbursing officer, acting under authority of this authorization shall not be liable in any manner for failure or delay on his part in making the deductions or payments here authorized, and I agree to save the Auditor-Controller or other disbursing officer harmless from any loss sustained by him for his failure or delay in making any such deductions or payments.
- I hereby release the County of Orange from any responsibility and/or liability to me on account of said deductions and/or payments herein authorized, and I shall hold the County of Orange and/or its officers blameless therefore in any action which may be brought by me or by others in my behalf; and I waive all claims against the County of Orange to any and all amounts so deducted from my salary and/or wages.

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EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_

DATE \_\_\_\_\_

STAND TOGETHER WITH YOUR CO-WORKERS!

# BE A PART OF THE FAMILY



**SIGNING UP IS EASY!** Just fill out the form, drop it in the mail and we'll do the rest.

**What does membership cost?** Very little—a modest \$13.15 biweekly for full-time employees and \$6.58 biweekly for part-time employees. Court Reporters (class code 0786SG) will be deemed full-time employees, as long as the Employment Status is not reported as Extra Help.

*If you have any questions regarding completing this form or about any OCEA service, give us a call at (714) 835-3355.*

**Working people standing together, building strength through unity!**



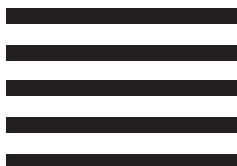
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SANTA ANA CA 92702-9928  
PO BOX 177  
ORANGE COUNTY EMPLOYEES ASSOCIATION

POSTAGE WILL BE PAID BY ADDRESSEE

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 4418 SANTA ANA, CA



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

