

# OCEA MEMBERSHIP APPLICATION

FOR OFFICE USE ONLY MEMBERSHIP DATE:

REFERRED BY:

## 1. Yes, I want to join with my co-workers and become a member of the Orange County Employees Association.

I hereby request and voluntarily accept membership in the Orange County Employees Association (“OCEA”) and I agree to abide by its Articles and Bylaws. I authorize OCEA to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer.


|                                                                                            |            |      |
|--------------------------------------------------------------------------------------------|------------|------|
|  SIGNATURE | PRINT NAME | DATE |
|--------------------------------------------------------------------------------------------|------------|------|

## 2. Payroll Deduction Authorization

|                    |  |                        |            |             |     |
|--------------------|--|------------------------|------------|-------------|-----|
| LAST NAME          |  | FIRST NAME             |            | MIDDLE NAME |     |
| EMPLOYEE ID NUMBER |  | SOCIAL SECURITY NUMBER |            | BIRTHDATE   |     |
| HOME ADDRESS       |  | CITY                   |            | STATE       | ZIP |
| HOME EMAIL         |  |                        | WORK EMAIL |             |     |
| HOME PHONE         |  | CELL PHONE*            |            | WORK PHONE  |     |
| AGENCY/DEPARTMENT  |  | WORKSITE               |            | JOB TITLE   |     |

I direct my employer to deduct from my pay regular amounts equal to OCEA’s membership dues and to transfer that money to OCEA. I understand that I may rescind my membership at any time. However, I understand that strong representation requires all represented employees to contribute. If I rescind my membership and if existing law changes so that non-members are no longer required by law to contribute, I agree that the contributions authorized above shall continue and this authorization shall automatically renew annually, irrespective of my membership status, unless and until I submit a timely signed revocation of this authorization. To be timely, a revocation must be mailed to OCEA’s office, postmarked between 75 days and 45 days before such annual renewal date. Contributions or gifts to OCEA are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

The payroll deduction authorization includes a PAC contribution (currently \$1.60 per pay period or \$0.80 for part-time workers) which will be used to support member-endorsed candidates and for expenditures in connection with local, legislative and statewide issues and elections. I may choose not to contribute or to vary my PAC contribution without reprisal from OCEA or my employer. This authorization is voluntary and not a condition of my employment or OCEA membership. My authorization to make a PAC contribution shall remain in effect until revoked in writing by me via U.S. Mail addressed to OCEA. I acknowledge that I have reviewed and voluntarily agree with the foregoing. OCEA PAC contributions are not deductible for federal income tax purposes.

|                                                                                              |      |
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|  SIGNATURE | DATE |
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\* By providing my phone number, I understand that OCEA may text message me on my cellular phone on a periodic basis. OCEA will never charge for text message alerts, though carrier message and data rates may apply. Text STOP in reply to any message to stop receiving messages Text HELP for more information.


## 3. FREE OCEA Member Only \$5,000 Life Insurance Policy—Yes, I accept the OCEA member only \$5,000 life insurance policy!

|                          |               |              |
|--------------------------|---------------|--------------|
| FULL NAME OF BENEFICIARY | DATE OF BIRTH | RELATIONSHIP |
|--------------------------|---------------|--------------|

## 4. FREE OCEA Member Only \$1,000 Accidental Death and Dismemberment Policy—Yes, I accept the OCEA member only \$1,000 AD&D policy!

|                          |               |              |
|--------------------------|---------------|--------------|
| FULL NAME OF BENEFICIARY | DATE OF BIRTH | RELATIONSHIP |
|--------------------------|---------------|--------------|

|                                                                                              |      |
|----------------------------------------------------------------------------------------------|------|
|  SIGNATURE | DATE |
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|                                                                                               |      |
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|  SIGNATURE | DATE |
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WORKING PEOPLE STANDING TOGETHER

# EXPERIENCE THE OCEA DIFFERENCE

|                                |                                                                                                 |
|--------------------------------|-------------------------------------------------------------------------------------------------|
| <b>HAVE A VOICE</b>            | Eligible to vote in OCEA elections                                                              |
| <b>HEALTH RELATED BENEFITS</b> | Access to <u>ALL</u> enhanced supplemental benefits                                             |
| <b>TICKETS &amp; DISCOUNTS</b> | Unlimited access to OCEA's Tickets & Discount program                                           |
| <b>OCEA SCHOLARSHIP</b>        | Dependents of OCEA members are eligible to apply for the annual OCEA Scholarship                |
| <b>MEMBERS ONLY EVENTS</b>     | Enhance your personal and professional lives with access to members only trainings and seminars |

FIND US ON





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



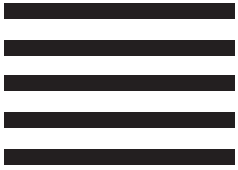
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ORANGE COUNTY EMPLOYEES ASSOCIATION  
 PO BOX 177  
 SANTA ANA, CA 92702-9928

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