



OCEA Membership Acceptance...

Referred By: _____

1.

Who are you!

NAME _____
(Last) (First) (Middle)

Employee ID Number: _____ SOCIAL SECURITY NUMBER _____

HOME ADDRESS _____
(Street) (City) (Zip Code)

DEPT. _____ HOME PHONE _____ WORK PHONE _____

HOME EMAIL ADDRESS _____ BIRTHDATE _____

2.

You're halfway there!

- 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 cancelled in writing. It is expressly understood that the amounts may be subsequently adjusted to meet dues and premium changes duly prescribed.

3.

You're almost done!

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

FULL NAME OF BENEFICIARY: _____ RELATIONSHIP OF BENEFICIARY: _____
(Example: Helen Ann Jones – not "Mrs. John Jones")

DATE: _____ EMPLOYEE'S SIGNATURE _____

ORANGE COUNTY EMPLOYEES ASSOCIATION • 830 N. Ross, Santa Ana, California 92701 • Phone (714) 835-3355

PAYROLL DEDUCTION AUTHORIZATION

County of Orange

| EMPLOYEE'S NAME | | | | DEPARTMENT | OFFICE USE ONLY | |
|-----------------|--------|------|--------|------------|-----------------|--|
| FIRST | MIDDLE | LAST | AGENCY | | LOCATION | |
| | | | | | | |

| | |
|---|---|
| THIS DEDUCTION IS FOR PAYMENT TO: ORANGE COUNTY EMPLOYEES ASSOCIATION | PAY PERIOD EFFECTIVE: (OFFICE USE ONLY) |
|---|---|

| AGENCY | All parts of this section must be completed: | | | | |
|--------|--|----------------|----------------|--------|--|
| 1 | SOCIAL SECURITY NUMBER | Deduction Type | Deduction Plan | Amount | |
| | - | OCEA | OCEA | \$ | |

- 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.

EMPLOYEE'S SIGNATURE _____

DATE _____

APPROVED BY _____

DATE _____

Be a part of

Do it for yourself...and your family! It's easy! It's quick!



Three Easy Steps:

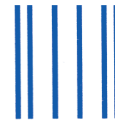
1. Complete the form on the reverse side.
2. Drop it in the mail. The postage is already paid!
3. That's all! We'll do the rest!

Assistance in completing the form, and information on any OCEA service, is as close as your telephone! Just call (714) 835-3355.

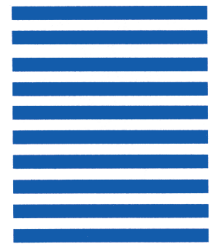
What does it cost? Very little—a modest \$11.72 biweekly for full-time employees and \$5.86 biweekly for part-time employees.

Join your fellow employees, and let's get going!

FOLD HERE



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 4418 SANTA ANA, CA

POSTAGE WILL BE PAID BY

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

