

# LBMEA/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 Laguna Beach Municipal Employees Association and an affiliate member of the Orange County Employees Association.


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

 EMPLOYEE SIGNATURE	PRINT NAME	DATE
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## 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 LBMEA/OCEA membership dues and to transfer that money to LBMEA. 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 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 LBMEA are not tax deductible as charitable contributions.

 EMPLOYEE SIGNATURE	DATE
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\* By providing my phone number, I understand that LBMEA/OCEA may text message me on my cellular phone on a periodic basis. LBMEA/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 (LAST, FIRST, MI)		SOCIAL SECURITY #		DATE OF BIRTH	
ADDRESS		PHONE NUMBER	RELATIONSHIP	BENEFIT %	

## 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 (LAST, FIRST, MI)		SOCIAL SECURITY #		DATE OF BIRTH	
ADDRESS		PHONE NUMBER	RELATIONSHIP	BENEFIT %	

 EMPLOYEE SIGNATURE	DATE
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 EMPLOYEE SIGNATURE	DATE
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WORKING PEOPLE STANDING TOGETHER

# EXPERIENCE THE OCEA DIFFERENCE

FIND US ON



**HAVE A VOICE**

Eligible to vote in elections and participate in surveys

**MEMBER ONLY BENEFITS**

Potential access to enhanced supplemental benefits

**TICKETS & DISCOUNTS**

Unlimited access to OCEA's Tickets & Discount program

**OCEA SCHOLARSHIP**

Dependents of OCEA members are eligible to apply for the annual OCEA Scholarship

**MEMBERS ONLY EVENTS**

Enhance your personal and professional life with access to members only trainings and seminars

**SIGNING UP IS EASY!** Just fill out the form and drop it in the mail, or email your completed form to [benefits@oceca.org](mailto:benefits@oceca.org), and we'll do the rest.

You may also sign up online using DocuSign at [oceca.org/membershipapp](http://oceca.org/membershipapp)

*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!***

PRINTED IN-HOUSE

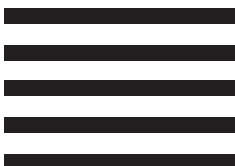
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ORANGE COUNTY EMPLOYEES ASSOCIATION

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