

MEMBERSHIP APPLICATION

— COUNTY OF ORANGE –

FOR OFFICE USE ONLY	MEMBERSHIP DATE:
REFERRED BY:	

 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.

	PRIN	T NAME		DAT	Έ		
ayroll Deduction Authorization							
AST NAME FIRST	NAME	MIDDLE NAME					
EMPLOYEE ID NUMBER	SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER		BIRTHDATE			
HOME ADDRESS	CITY	CITY		STATE ZIP			
HOME EMAIL		WORK EMAIL					
HOME PHONE	CELL PHONE*	CELL PHONE*		VORK PHONE			
AGENCY/DEPARTMENT	WORKSITE	WORKSITE		JOB TITLE			
ne contributions authorized above respective of my membership state to be timely, a revocation must be such annual renewal date. Contributine payroll deduction authorization me workers) which will be used to with local, legislative and statewide ontribution without reprisal from one of the payroll of the contribution without reprisal from the properties of the contribution without reprisal from the properties of the contribution without reprisal from the properties of the contribution without reprisal from the contribution writing by me via U.S. Margree with the foregoing. OCEA PARTICLE TO THE PARTI	tus, unless and until I s mailed to OCEA's offici itions or gifts to OCEA in includes a PAC control is support member-end issues and elections. OCEA or my employer ship. My authorization ail addressed to OCEA	submit a timely sign ce, postmarked bet a are not tax deduction (currently states dorsed candidates I may choose not to to make a PAC con A. I acknowledge the	ned revocation ween 75 days tible as charit \$1.80 per pay and for expen o contribute of is voluntary a ntribution sha nat I have revie	n of thi and 4! able co period aditures or to va and no Il rema ewed a	is authori. 5 days be ontribution or \$0.91 in conneary my PA t a condition in effected to the condition of t	zation. fore ons. for part ection AC tion of ct until	
	DATE			•			
EMPLOYEE SIGNATURE	27112						
EMPLOYEE SIGNATURE y providing my phone number, I understand that erts, though carrier message and data rates may	OCEA may text message me or						
y providing my phone number, I understand that	OCEA may text message me or apply. Text STOP in reply to an		mber Only \$1,	,000 A -Yes, I a	ore information	l Death	
ry providing my phone number, I understand that lerts, though carrier message and data rates may received by the second s	OCEA may text message me or apply. Text STOP in reply to an	4. FREE OCEA Mel	mber Only \$1, ment Policy—	,000 A -Yes, I a olicy!	ore information	I Death e OCEA	

WORKING PEOPLE STANDING TOGETHER

EXPERIENCE THE OCEA DIFFERENCE

HAVE A VOICE

Eligible to vote in elections and participate in surveys

HEALTH RELATED BENEFITS

Access to <u>ALL</u> 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@ocea.org, and we'll do the rest.

You may also sign up online using DocuSign at ocea.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

FOLD HERE

իցեսնինեկինդիկնյանկերներկիկիկիկիցոկին

SENTA ANA, CA 92702-9928

ORANGE COUNTY EMPLOYEES ASSOCIATION

POSTAGE WILL BE PAID BY ADDRESSEE

BOSINESS BEPLY MAIL FIRST-CLASS MAIL PERMIT NO. 4418 SANTA ANA, CA

NO POSTAGE
NUTED IN THE
UNITED STATES

