

Become a member today

... it's an important decision that can shape your career as a state worker

PLEASE PRINT

DLC

Last Name _____ First Name _____ M.I. _____

Last 4 digits of Social Security No. _____ Date of Birth (optional) _____

Date of Hire _____ Ethnicity (optional) _____

Home Address _____

City _____ State _____ ZIP _____

State Agency/Dept. Name (i.e., DMV) _____

Work Address _____ Room No. _____

City _____ State _____ ZIP _____

Classification _____ Monthly Gross Salary _____

Work Phone (_____) _____ Work Email _____

Home Phone (_____) _____ Home Email _____

Cell Phone (_____) _____ Recruiter Name _____

I hereby apply for membership in SEIU Local 1000 and hereby agree to abide by the SEIU Local 1000 bylaws and policy file. In becoming a member, I authorize the establishment with the appropriate agency the withholding from my pay or retirement allowance of dues and any benefit deductions. I understand that my membership rights are set forth in the SEIU Local 1000 policy file, which is subject to amendment by the union, and any applicable memorandum of understanding between SEIU Local 1000 and the state of California, and that a copy of the policy file and applicable memoranda of understanding are always available for my review. Membership includes transfers to certain co-affiliates of the union.

Unless instructed to the contrary below, SEIU Local 1000 is hereby authorized to withhold from my pay an additional \$2.00 per month to support SEIU Local 1000's political activity in California.

By writing my initials in this box, I instruct SEIU Local 1000 to **NOT** withhold an additional \$2.00 per month for political activity.

Signature: _____ Date: _____