## HBMEO/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 Huntington Beach Management
	Employees Organization and an affiliate member of the Orange County Employees Association.

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

EMPLOYEE SIGNATURE		PRI	NT NAME		DA	TE	
ayroll Deduction Auth	orization						
AST NAME	FIRST NA	AME	MIDDLE NAME				
MPLOYEE ID NUMBER		SOCIAL SECURITY NUMBER		BIRTHDATE			
OME ADDRESS		CITY		STATE	ZIP		
OME EMAIL			WORK EMAIL				
OME PHONE		CELL PHONE*		WORK PHON	E		
GENCY/DEPARTMENT		WORKSITE		JOB TITLE			
o transfer that money to understand that strong nembership I agree that utomatically renew ann	o HBMEO. I use representate the contributally, irrespense	understand that I ma ion requires all repr utions authorized al ective of my membe	ay rescind my me esented employe bove shall contin ership status, unle	embership at ees to contribue and this a ess and until	any time. oute. If I re outhorizati I submit a	. However, escind my ion shall a timely sig	gned
o transfer that money to understand that strong nembership I agree that utomatically renew ann evocation of this author 5 days and 45 days bef	o HBMEO. I use representate the contribution in the contribution in the contribution. To be fore such annial to the contribution in the contributi	understand that I ma ion requires all repr utions authorized al ective of my membe be timely, a revocation	ay rescind my me esented employe bove shall contin ership status, unle on must be maile	embership at ees to contrik ue and this a ess and until ed to OCEA's	any time. bute. If I re uthorizati I submit a office, po	. However, escind my on shall a timely sig stmarked	gned betwee
transfer that money to understand that strong tembership I agree that utomatically renew ann evocation of this author 5 days and 45 days bef	o HBMEO. I use representate the contribually, irrespersation. To be fore such annotes.	understand that I ma ion requires all repr utions authorized al ective of my membe be timely, a revocation	ay rescind my me esented employe bove shall contin ership status, unle on must be maile	embership at ees to contrik ue and this a ess and until ed to OCEA's	any time. bute. If I re uthorizati I submit a office, po	. However, escind my on shall a timely sig stmarked	gned betwee
direct my employer to be transfer that money to transfer that money to understand that strong nembership I agree that utomatically renew annewocation of this authors days and 45 days before that the contributions.  EMPLOYEE SIGNATURE  Of providing my phone number, I under the contribution of the contributions.	o HBMEO. I to represent at the contribution and the contribution and the contribution are such and the contribution and the contribution and the contribution are such and the contribution and the contribution are such and the contribution are such as the contribution and the contribution are such as the c	understand that I mation requires all representations authorized all ective of my members timely, a revocation ual renewal date. C	ay rescind my ma esented employed bove shall continuous ership status, unlead on must be mailed ontributions or g	embership at ees to contrib ue and this a ess and until ed to OCEA's gifts to HBME	any time. Dute. If I re Luthorizati I submit a Office, po EO are not	However, escind my fon shall a timely sig stmarked tax deduction	gned betwee ctible as
transfer that money to understand that strong nembership I agree that utomatically renew annewocation of this authors days and 45 days before the contributions.  EMPLOYEE SIGNATURE  Or providing my phone number, I under the contribution of this authors.  EMPLOYEE SIGNATURE  Or providing my phone number, I under the contribution of the contributions.	o HBMEO. I use representate the contribution that the contribution is represented to the contribution of t	understand that I maion requires all reproutions authorized all ective of my members timely, a revocational renewal date. Contact the DATE  MEO/OCEA may text message rates may apply. Text STOP in the Insurance	ay rescind my ma esented employed bove shall continuous ership status, unlead on must be mailed ontributions or g	embership at ees to contribute and this at ess and untiled to OCEA's gifts to HBME are on a periodic base of stop receiving medium.  Member Only berment Political early and the political end of the periodic base of the	any time. bute. If I result or izati I submit a office, po O are not sis. HBMEO/OC ssages Text HE  y \$1,000 A icy—Yes, I	However, escind my fon shall a timely sig stmarked tax deduction tax deduction to the state of t	gned betwee ctible as charge for formation.
transfer that money to understand that strong nembership I agree that utomatically renew annewocation of this author 5 days and 45 days befaritable contributions.  EMPLOYEE SIGNATURE  Oproviding my phone number, I unat message alerts, though carrier in the olicy—Yes, I accept the fe insurance policy!	o HBMEO. I to represent at the contribution that the contribution is represented to the contribution of th	understand that I maion requires all reproutions authorized all ective of my members timely, a revocational renewal date. Contact the DATE  MEO/OCEA may text message rates may apply. Text STOP in the Insurance	e me on my cellular phon reply to any message to 4. FREE OCEA and Dismeml	embership at ees to contribute and this at ess and until ed to OCEA's gifts to HBME et on a periodic base of stop receiving me  Member Only berment Polit v \$1,000 AD&	any time. bute. If I re buthorizati I submit a office, po O are not  sis. HBMEO/OC sssages Text HE  y \$1,000 A icy—Yes, I	However, escind my on shall a timely sig stmarked tax deduction tax deduction. CEA will never of the cell of the c	gned betwee ctible as charge for formation.  I Death e OCEA
transfer that money to understand that strong nembership I agree that utomatically renew annewocation of this author 5 days and 45 days befinaritable contributions.  EMPLOYEE SIGNATURE	o HBMEO. I to represent at the contribution that the contribution is represented to the contribution of th	understand that I mation requires all representations authorized all rective of my members timely, a revocation and renewal date. Concern the matter of the	e me on my cellular phonoreply to any message to  4. FREE OCEA and Dismemle member only	embership at ees to contribute and this at ess and untiled to OCEA's gifts to HBME of the on a periodic base of stop receiving medical part of the periodic base of the periodic	any time. bute. If I re buthorizati I submit a office, po O are not  sis. HBMEO/OC sssages Text HE  y \$1,000 A icy—Yes, I	However, escind my on shall a timely sig stmarked tax deduction tax deduction. CEA will never of the cell of the c	gned betwee ctible as charge for formation.  I Death e OCEA

## WORKING PEOPLE STANDING TOGETHER

## EXPERIENCE THE OCEA DIFFERENCE

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@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

իրժունինենիրոլՈրնրովնվներեցիկիլիկիցրիրին

SANTA ANA, CA 92702-9928

SANTA ANA, CA 92702-9928

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL FERMIT NO. 4418 SANTA ANA, CA

NO POSTAGE

UNITED STATES

UNITED STATES

