

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 Orange County Sanitation District—Administrative & Clerical Unit Chapter 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.

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 OCEA's membership dues and to transfer that money to OCEA. 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 OCEA are not tax deductible as charitable contributions.

EMPLOYEE SIGNATURE	DATE
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** By providing my phone number, I understand that OCEA may text message me on my cellular phone on a periodic basis. 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, and we'll do the rest.

You may also sign up online using DocuSign at 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

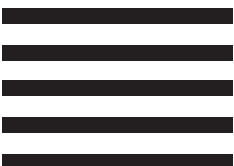
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