

SCCEA/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 San Clemente City Employees Association and an affiliate member of the Orange County Employees Association.

I hereby request and voluntarily accept membership in the San Clemente City Employees Association (“SCCEA”) and Orange County Employees Association (“OCEA”) and I agree to abide by their Articles and Bylaws. I authorize SCCEA 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 SCCEA/OCEA membership dues and to transfer that money to SCCEA. 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 SCCEA are not tax deductible as charitable contributions.

EMPLOYEE SIGNATURE	DATE
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* By providing my phone number, I understand that SCCEA/OCEA may text message me on my cellular phone on a periodic basis. SCCEA/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	EMPLOYEE SIGNATURE	DATE
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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

FIND US ON



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

FOLD HERE



ORANGE COUNTY EMPLOYEES ASSOCIATION
PO BOX 177
SANTA ANA, CA 92702-9928

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