

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 Yorba Linda 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

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

* 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



EMPLOYEE SIGNATURE

DATE

WORKING PEOPLE STANDING TOGETHER

EXPERIENCE THE OCEA DIFFERENCE

HAVE A VOICE	Members are 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, drop it in the mail and we'll do the rest.

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

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 4418 SANTA ANA, CA

NO POSTAGE
NECESSARY IF
MAILED IN THE
UNITED STATES

