

## MEMBERSHIP APPLICATION

- COUNTY OF ORANGE -

| FOR OFFICE USE ONLY | MEMBERSHIP DATE: |
|---------------------|------------------|
| REFERRED BY:        |                  |

| 1. Yes, | I want to join with m | y co-workers and become a | a member of the Orang | e County Emp | loyees 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   | PRIN   | TNAME   |  | DA  | ATE  |   |
|--|--|---|--|---|--|---|
| . Payroll Deduction Authorization  |  |   |  |   |  |   |
| LAST NAME FIRST NAME   | ME   | 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  |   |  |   |
| that money to OCEA. I understand the strong representation requires all repute the contributions authorized above strespective of my membership status. To be timely, a revocation must be masuch annual renewal date. Contribution The payroll deduction authorization in time workers) which will be used to swith local, legislative and statewide is contribution without reprisal from OC my employment or OCEA membership revoked in writing by me via U.S. Mail agree with the foregoing. OCEA PAC  | resented employees hall continue and the second until I second until I second until I second on sor gifts to OCEA necludes a PAC contrapport member-encessues and elections. CEA or my employer ip. My authorization addressed to OCEA | s to contribute. If I ris authorization sha<br>submit a timely sign<br>ce, postmarked between a re not tax deduct<br>ribution (currently \$<br>dorsed candidates a<br>I may choose not to<br>This authorization<br>to make a PAC cor<br>A. I acknowledge th | escind my manual automatical a | ember<br>ally reron of the<br>s and a<br>table of<br>period<br>and no<br>and no<br>all rem<br>iewed | rship I agr<br>new annua<br>his author<br>45 days be<br>contribution<br>d or \$0.95<br>es in conno<br>vary my Pa<br>ot a condi<br>ain in effe<br>and volun | ee that<br>ally,<br>ization.<br>efore<br>ons.<br>for part-<br>ection<br>AC<br>tion of<br>ct until |
| EMPLOYEE SIGNATURE   | DATE   |   |  |   |  |   |
| By providing my phone number, I understand that OC alerts, though carrier message and data rates may ap  |  |   |  |   |  |   |
| FREE OCEA Member Only \$5,000 Li<br>Policy—Yes, I accept the OCEA member of the OCEA member of the OCEA member of the OCEA members |  | 4. FREE OCEA Mer<br>and Dismember<br>member only \$1,   | ment Policy-   | Yes, I  |  |   |
| life insurance policy!   |  |   |  |   |  | ie OCEA   |
| FULL NAME OF BENEFICIARY (LAST, FIRST, MI) SOCIAL SE   | CURITY # DATE OF BIRTH   | FULL NAME OF BENEFICIA  | ARY (LAST, FIRST, MI)  | SOCIAL  | SECURITY # D   |   |
|  |  | FULL NAME OF BENEFICIAL ADDRESS   |  | SOCIAL  |  | ATE OF BIRTH  |

## WORKING PEOPLE STANDING TOGETHER

## EXPERIENCE THE OCEA DIFFERENCE

**HAVE A VOICE** 

Eligible to vote in elections and participate in surveys

**HEALTH RELATED BENEFITS** 

Access to <u>ALL</u> 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!

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