

COALITION OF CALIFORNIA STATE WORKERS

(CCSW, A Bona Fide Nonprofit Mutual Benefit Corporation) 400 E. Kettleman Lane Ste 15, Lodi, CA 95240 Phone: 209-369-2736

Visit our website: www.theccsw.net

MEMBERSHIP APPLICATION

I hereby tender my application for membership in the Coalition of California State Workers (CCSW) and authorize the State Controller to deduct from my salaries and wages, the amount specified (\$5.00 monthly) for membership dues. Should the State Controller *not* be able to deduct these dues for any reason (i.e., separated or retired), the dues will be deducted from my checking or savings account below. This authorization will remain in effect until canceled by CCSW or at my written request in such time and in such manner to afford a reasonable opportunity to act on it. *I understand that termination of my CCSW membership will affect my ability to participate in this organization's group benefits*.

(TO BE COMPLETED BY APPL)	ICANT Please PRINT legibly)	
NAME:First	Middle	Last
	iviludie	
		ГАТЕ: ZIP CODE:
DATE OF BIRTH:	GENDER:SOCIALS	SEC. NUMBER:
JOB TITLE:	EMPLOYED AT (FACILITY):	
(Check One): Calif. State Employ	ee [] Contract Employee [] College	e or University [] Retired State Employee []
HOME PHONE #:	CELL PHONE #:	
E-MAIL ADDRESS:		
	Relationsl	hip to Applicant
AUTHORIZATION A	GREEMENT FOR COLLECTION	ON OF MEMBERSHIP DUES ONLY
Bank Name:		Account Type: Checking Savings
Bank Routing # :	Bank Account # :	(Do Not Enter Debit or Credit Card Numbers)
		(<u>Do Not Enter Debit or Credit Card Numbers</u>)
occur on the 8th of each and every		at indicated above. The Monthly Draft for dues will tates or changes to the information listed above. n.
SIGNATURE:		Date:
3rd Party Signature:		Date:
(3rd F	Party Payor)	Print Name
WITNESS:		Date:

Print Name

(Benefits Representative Signature)