



# APPLICATION FOR CSEA MEMBERSHIP

CSEA, Local 1000 AFSCME, AFL-CIO  
143 Washington Avenue, Albany, New York 12210



I HEREBY AUTHORIZE THE CIVIL SERVICE EMPLOYEES ASSOCIATION, INC. (CSEA), LOCAL 1000 AFSCME, AFL-CIO, TO BE MY EXCLUSIVE REPRESENTATIVE FOR COLLECTIVE BARGAINING AND THEREFORE REVOKE ANY OTHER REPRESENTATIVE THAT I MAY HAVE PREVIOUSLY DESIGNATED. I ALSO HEREBY AUTHORIZE THE FISCAL OR PAYROLL OFFICER OF MY EMPLOYER TO DEDUCT CSEA DUES FROM MY SALARY IN THE AMOUNT CERTIFIED BY CSEA IN THIS AND SUCCEEDING YEARS OF MY EMPLOYMENT AND MEMBERSHIP.

DUES, CONTRIBUTIONS OR GIFTS TO CSEA ARE NOT TAX DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS. HOWEVER, THEY MAY BE DEDUCTIBLE AS ORDINARY AND NECESSARY BUSINESS EXPENSES.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***This application may be faxed to the CSEA Membership Dept. at: (518) 465-2382***

PLEASE PRINT CLEARLY

- Mr.
- Mrs.
- Ms.
- Miss

SOCIAL SECURITY NUMBER \_\_\_\_\_

FIRST NAME MI LAST NAME \_\_\_\_\_

NICKNAME \_\_\_\_\_

EMPLOYER PLACE OF EMPLOYMENT/LOCATION \_\_\_\_\_

MAILING ADDRESS STREET ADDRESS LINE 1  
STREET ADDRESS LINE 2

WORK ADDRESS STREET ADDRESS

CITY STATE ZIP \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

HOME PHONE ( ) AREA CODE LISTED UNLISTED

WORK PHONE ( ) \_\_\_\_\_

CELL PHONE ( ) \_\_\_\_\_

JOB TITLE \_\_\_\_\_

DATE OF BIRTH mm / dd / yyyy

ANNUAL SALARY \_\_\_\_\_

HOME E-MAIL \_\_\_\_\_

CHECK BOX IF YOU ARE A VETERAN

CSEA OFFICE USE ONLY

• Please fold and tape to seal and drop in any mailbox •