

Membership Application

☐ New ☐ Update ☐ Renewal Date: _____

Mail form (and payment) to: **CWC**, Membership Coordinator, 303 W. Elm Street, Oxnard, CA 93033

Name:

Last name

First Name:

MI

Local Chapter:

Telephone Number:

Home email:

Address:

Number and Street Address

City

State

Zip Code

Employer:

City

Job Title:

ARU:

Bargaining Unit:

(If applicable)

(If applicable)

Type of Member & Association Annual Dues Amount

☐ **Partner/Non-State Employee:** \$98.00 ☐ **Cash/Check payable to CWC:** I hereby agree to be sent an annual invoice for renewal of dues.

☐ **Retiree:** \$36.00 ☐ **Cash/Check payable to CWC** I hereby agree to be sent an annual invoice for renewal of dues.

☐ **EDD State Supervisor/Exempt Employee:** \$0.00

I agree to provide my full social security number, which will be kept confidential. **SSN #** _____

☐ **EDD State Employee Bargaining Unit 1 or 4:** \$48.00

I agree to provide my full social security number, which will be kept confidential. **SSN #** _____

☐ **Automatic Deduction:** By checking this box, I hereby authorize the State Controller's Office (SCO) to automatically deduct **\$4.00** from my salary each month and transmit, as designated, an amount for membership dues to the CWC. I certify that I am now a member of the CWC and allow the organization to establish, change and/or cancel my deduction. This authorization will remain in effect until I submit a written request to the SCO to cancel this deduction and termination of membership will cancel all deductions made under this authorization. I understand that processing may take 2-3 pay periods.

-OR- ☐ **Cash/Check Payment payable to CWC:** I hereby agree to be sent an annual invoice for renewal of dues.

☐ **Other State Employee (Non-EDD):** \$98.00 – Refer to your Bargaining Unit Contract for possible reimbursement.

I agree to provide my full social security number, which will be kept confidential. **SSN #** _____

☐ **Automatic Deduction:** By checking this box, I hereby authorize the State Controller's Office (SCO) to automatically deduct **\$8.17** from my salary each month and transmit, as designated, an amount for membership dues to the CWC. I certify that I am now a member of the CWC and allow the organization to establish, change and/or cancel my deduction. This authorization will remain in effect until I submit a written request to the SCO to cancel this deduction and termination of membership will cancel all deductions made under this authorization. I understand that processing may take 2-3 pay periods.

-OR- ☐ **Cash/Check Payment payable to CWC:** I hereby agree to be sent an annual invoice for renewal of dues.

I understand that the processing of this form/payment may take 1-3 months and that the California Workforce Connection (CWC) organization does not issue refunds.

Member Signature: _____

Date: _____

Recruiter's Name: _____

Local Chapter: _____