

Member Application

New **Update** **Renewal** **Date:**

Print and Mail form (and payment) to: CWC, Membership Coordinator, P.O. Box 7858, Oxnard, CA 93031
or email and mail payment to cwcworkforceconnection@gmail.com

Name:		
Last	First	MI

Local Chapter:	Telephone: ()
Home email:	
Address:	
Number and Street Address	City State Zip

Employer:	City:
Job Title:	Bargaining Unit #:
(If applicable)	ARU #

Type of Member & Association Annual Dues Amount

- Partner/Non-State Employee: \$98.00** **Cash/Check payable to CWC:** I hereby agree to be sent annual dues renewal invoices.
- Retiree: \$36.00** **Payable to CWC:** I hereby agree to be sent annual dues renewal invoices.
- 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 annual dues renewal invoice.
- 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 annual dues renewal invoice.

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: