California Workforce Connection

EDUCATION ★ INNOVATION ★ OPPORTUNITY

Clear Form

Member Application

☐ New ☐ Update ☐ Renewal Date:

Print and Mail form (and payment) to: CWC, Membership Coordinator, P.O. Box 7858, Oxnard, CA 93031

or if payroll deduction selected, email completed form to cwcworkforceconnection@gmail.com

Name: _____ _____ ____

Last First MI

Local Chapter: Select one **Telephone: ( )**

Home email:

Address:

Number and Street Address City State Zip

Employer: **City:**

Job Title: **ARU #** **Bargaining Unit #:**

(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 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). 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:** Select