

## Membership Application

New   
  Update   
  Renewal   
  Cancellation

Date:

Mail application and payments to: **CWC Membership Coordinator**, P.O. Box 7858, Oxnard, CA 93031  
 or email application to [cwcworkforceconnection@gmail.com](mailto:cwcworkforceconnection@gmail.com) (mail payment, if applicable)

<b>*Full Name:</b>	First	MI	Last
<b>*Local Chapter:</b>			<b>Telephone:</b>
<b>*Personal email:</b>			
<b>*Address:</b>			
<b>*Employer:</b>			<b>*Location:</b>
<b>*Job Title:</b>		<b>ARU#</b>	<b>*Bargaining Unit #:</b>

*Type of Member	Annual Dues	*Payment Option
<input type="radio"/> <b>Employment Development Department (EDD) Employee (Bargaining Unit 1 or 4)**</b>	<b>\$48.00</b>	<input type="checkbox"/> Automatic Deduction (\$4.00) <input type="checkbox"/> Cash <input type="checkbox"/> Check *SSN:
<input type="radio"/> <b>EDD Supervisor/Exempt Employee**+</b>	<b>\$0.00</b>	*SSN:
<input type="radio"/> <b>Other State Employee (Non-EDD)**</b> <i>Refer to your Bargaining Unit Contract for possible reimbursement</i>	<b>\$98.00</b>	<input type="checkbox"/> Automatic Deduction (\$8.17) <input type="checkbox"/> Cash <input type="checkbox"/> Check *SSN:
<input type="radio"/> <b>Partner (Non-EDD)</b>	<b>\$98.00</b>	<input type="checkbox"/> Cash <input type="checkbox"/> Check
<input type="radio"/> <b>EDD Student/Youth Assistant**</b>	<b>\$36.00</b>	<input type="checkbox"/> Automatic Deduction (\$3.00) <input type="checkbox"/> Cash <input type="checkbox"/> Check *SSN:
<input type="radio"/> <b>Retiree</b>	<b>\$36.00</b>	<input type="checkbox"/> Cash <input type="checkbox"/> Check

I recognize that the processing of this form/payment may take 1-3 months. If I have selected the **Automatic Deduction** option, I hereby authorize the State Controller's Office (SCO) to automatically deduct from my salary each month the amount listed above and transmit, as designated, an amount for membership dues to the CWC; I understand that processing may take 2-3 pay periods. If I have selected the **cash or check** option, I hereby agree to be sent annual dues renewal invoices (**make check payable to: CWC**). I agree to provide my full social security number, which will be kept confidential. I certify that I am now a member of the CWC and allow the organization to establish, change, and/or cancel my deduction, as applicable. I understand that this authorization will remain in effect until I submit a written request to the CWC Membership Coordinator to terminate my membership and cancel any deduction, as appropriate. I also understand that the CWC organization does not issue refunds for unused dues or the months taken for processing.

**\*Signature:** \_\_\_\_\_ **\*Date:** \_\_\_\_\_  
**Name of Recruiter (if applicable):** \_\_\_\_\_

\* Required

\*\* If you do not wish to provide your Social Security Number (SSN), then you must pay the full membership dues for that type of member by cash or check.

+ For this membership type, if you do not wish to supply the SSN, then the amount due is \$98.00.