



APPLICATION FOR CSEA MEMBERSHIP

CSEA, Inc. / Local 1000 AFSCME, AFL-CIO
PO Box 7125, Capitol Station, Albany, New York 12224



I HEREBY AUTHORIZE CSEA, INC., LOCAL 1000 AFSCME, AFL-CIO TO BE MY EXCLUSIVE REPRESENTATIVE FOR COLLECTIVE BARGAINING AND, THEREFORE, REVOKE ANY OTHER AUTHORIZATION OF ANY OTHER REPRESENTATIVE THAT I MAY HAVE PREVIOUSLY DESIGNATED. I UNDERSTAND THAT MY CSEA MEMBERSHIP BEGINS WHEN DUES ARE DEDUCTED.

TO THE FISCAL OR PAYROLL OFFICER OF MY EMPLOYER:

I have applied for membership in CSEA and hereby authorize you to deduct CSEA dues from my salary in the amount certified by CSEA in this and succeeding years of my employment and membership. I understand that membership dues, as of January 1, 2010, are \$6.00 bi-weekly if annualized salary is under \$5,000, \$8.97 bi-weekly if annualized salary is \$5,000 - \$9,999, \$12.30 bi-weekly if annualized salary is \$10,000 - \$12,999, \$14.98 bi-weekly if annualized salary is \$13,000 - \$15,999, \$16.78 bi-weekly if annualized salary is \$16,000 - \$21,999, \$18.66 bi-weekly if annualized salary is \$22,000 - \$27,999, \$19.00 bi-weekly if annualized salary is \$28,000 - \$29,999, \$20.17 bi-weekly if annualized salary is \$30,000 - \$31,999, \$21.19 bi-weekly if annualized salary is \$32,000 - \$33,999, \$21.57 bi-weekly if annualized salary is \$34,000 - \$35,999, \$22.66 bi-weekly if annualized salary is \$36,000 - \$37,999, \$23.77 bi-weekly if annualized salary is \$38,000 - \$39,999, \$24.56 bi-weekly if annualized salary is \$40,000 - \$44,999, \$25.19 bi-weekly if annualized salary is \$45,000 - \$49,999, \$25.82 bi-weekly if annualized salary is \$50,000 - \$54,999, \$26.46 bi-weekly if annualized salary is \$55,000 - \$59,999, \$27.09 bi-weekly if annualized salary is \$60,000 and above. I understand that this authorization for dues may be revoked at any time by written notice to you. 3% of my dues are appropriated for political action purposes and a portion is appropriated for a subscription to *The Work Force*, the official publication of CSEA.

I understand that: dues, contributions or gifts to CSEA are not deductible as charitable contributions for federal income tax purposes. Dues paid to CSEA, however, may qualify as business expenses and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Service.

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

CSEA OFFICE USE ONLY

Signature: _____ Date: _____

Mr. _____
Mrs. _____
Ms. _____
Miss _____
FIRST NAME MI LAST NAME

SOCIAL SECURITY
NUMBER/MEMBER
ID NUMBER

PLEASE PRINT CLEARLY

NICKNAME _____

AFSCME
LOCAL 1000

INSERT YOUR CSEA LOCAL NAME HERE

MAILING ADDRESS
STREET ADDRESS LINE 1 _____

AGENCY/FACILITY

PLACE OF EMPLOYMENT

STREET ADDRESS LINE 2 _____

WORK ADDRESS

STREET ADDRESS

CITY STATE ZIP

CITY STATE ZIP

HOME PHONE ()
AREA CODE LISTED UNLISTED

WORK PHONE ()

HOME E-MAIL _____

JOB TITLE

DATE OF BIRTH mm / dd / yyyy

ANNUAL SALARY _____

CHECK BOX IF YOU ARE A VETERAN

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