



Membership Application and Payroll Authorization

APPLICANT - FILL IN SHADED AREAS (PLEASE PRINT)

First Name	I	Last Name	Birthdate	Sex (M/F)	Social Security No.
Address			City	State	Zip
Telephone: Home		Work	Email Address		
Position Code Number	Position Title		Department Name & Number		
CEMA Chapter (Please Check) ___ County of Santa Clara ___ Superior Court					

I hereby authorize the deduction of \$18.00 in membership dues from my bi-weekly salary earned, the amount shown hereon and pay same to the County Employees Management Association, affiliated with Operating Engineers Local Union No. 3 AFL-CIO. The amount will be for association dues, Per Capita, membership and benefit programs of Operating Engineers Local Union No. 3 AFL-CIO. This authorization shall be in full force and effect until revoked in writing to CEMA and the County of Santa Clara or Santa Clara County Superior Court.

ETHNIC DERIVATION (Required by U.S. District Court) *INITIAL 1 BOX ONLY*

I hereby swear under penalty of perjury that to the best of my knowledge all statements made on this questionnaire are true. *Initial the square next to the description of your ethnic derivation.*

1. Filipino 2. Hispanic 3. Native American Indian 4. Asian 5. African American 6. Other Non White 7. Other

County:	State:	Applicant's Signature:	Date:

Please Note: For future **address changes** or if you have any questions, please call the CEMA office at the number below.

Send or Fax to the CEMA Office: 1654 The Alameda, Suite 110
 San Jose, CA 95126
 Phone (408) 289-9691 Fax (408) 289-1128

ADMINISTRATIVE USE ONLY											
<input type="checkbox"/> Beneficiary card received						<input type="checkbox"/> Medical Access Fee Payer					
Hir	Eth	Ct#	Employer #	Ck	Dues Rate	Agent No.	Agent Name	App Dist	Type	Loc	Old Loc
Register No	Init Loc	Init Date	Previous Membership Status		Comments						
TYPE OF APPLICATION											
<input type="checkbox"/> New Member <input type="checkbox"/> Deposit of Withdrawal <input type="checkbox"/> Reinstatement <input type="checkbox"/> Reclassification <input type="checkbox"/> Transfer In <input type="checkbox"/> Deposit of Service Withdrawal											