



Membership Application
Los Angeles County
Asian American Employees Association
 P.O. Box 86334
 Los Angeles, CA 90086-0334
www.lacaaea.com

LACAAEA Use ONLY
Data Entry into eHR:
 (Date) _____
By (Signature):

By (Print Name):

Please Type or Print in Black Ink

Employee #:	Last Name:	First Name:	M.I.:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Home Address:		City:	Zip Code:	
Cell Phone #: () -	Home E-Mail Address:		Status: <input type="checkbox"/> County Employee <input type="checkbox"/> Retired County Employee <input type="checkbox"/> Non-County Employee	
Department:		Job Title:		
Preferred Method of Contact: <input type="checkbox"/> Home <input type="checkbox"/> Business	Business Address:	City:	Zip Code:	
Business E-Mail Address:		Business Phone #: () -		

I hereby request and accept membership in the Los Angeles County Asian American Employees Association (LACAAEA), and authorize the LACAAEA to represent my interest as a member and/or an employee of the County of Los Angeles, and agree to abide by the rules and regulations of the Association. I further authorize LACAAEA to instruct the County to deduct LACAAEA dues from my paycheck (current employees only) through the Los Angeles County Asian American Employees Association.

Date _____ Signature* _____

**Please Also Sign the Payroll Deduction Authorization Card at Bottom*

Dues Rate:
\$5.00 per month

		Deduction Agency Name		EO126
		Los Angeles County Asian American Employees Association		
NOT TO BE USED FOR COUNTY INSURANCE PLANS				
SELECT ONE	DEDUCTION AMOUNT PER MONTH			
	OLD	NEW		
NEW <input type="checkbox"/>		\$5.00		
REPLC. <input type="checkbox"/>	\$	\$		
CANC. <input type="checkbox"/>	\$5.00			
PAYROLL DEDUCTION AUTHORIZATION				
<small>I HEREBY AUTHORIZE THE AUDITOR OF THE COUNTY OF LOS ANGELES OR HIS AGENTS TO DEDUCT MONTHLY FROM SALARY EARNED BY ME IN ANY DEPARTMENT OR DISTRICT OF THE COUNTY OF LOS ANGELES, THE AMOUNT SHOWN HEREON AND TO PAY SAME TO:</small> Los Angeles County Asian American Employees Association				
<small>IF ALL OR ANY PORTION OF THIS DEDUCTION AUTHORIZATION INCLUDES INSURANCE PREMIUMS AND/OR EMPLOYEE ORGANIZATION DUES, I ALSO AUTHORIZE THE AUDITOR TO ADJUST FROM TIME TO TIME THE AMOUNT OF THIS DEDUCTION AS MAY BE REQUIRED TO COMPLY WITH DUES SCHEDULES DETERMINED BY SAID EMPLOYEE ORGANIZATIONS COVERING BODY IN ACCORDANCE WITH SUCH ORGANIZATIONS CONSTITUTION, CHARTER, BYLAWS, OR OTHER APPLICABLE LEGAL REQUIREMENTS.</small>				
<small>THIS AUTHORIZATION CANCELS AND REPLACES ANY PREVIOUSLY SIGNED BY ME WITH THE DEDUCTION AGENCY FOR THIS PURPOSE AND SHALL REMAIN IN EFFECT UNTIL CANCELLED BY ME BY WRITTEN NOTICE. I EXPRESSLY UNDERSTAND AND AGREE THAT THE AUDITOR, HIS AGENTS, OR THE COUNTY ACTING UNDER THIS AUTHORIZATION SHALL NOT BE LIABLE IN ANY MANNER FOR FAILURE OR DELAY IN MAKING THE DEDUCTION OR PAYMENTS HERE AUTHORIZED.</small>				
Date: _____				
Signature of Employee: _____				

Dues/Tax Deductibility Statement: Dues, fees, and assessments to the Los Angeles County Asian American Employees Association are tax deductible under applicable regulations regarding a 501-c(3) organization.

FOR YOUR INFORMATION: The focus of the Los Angeles County Asian American Employees Association (LACAAEA) is rooted in the objective of *Community Empowerment*. This concept is based upon the basic principles of community organization and recognition that Asian and Pacific Americans must participate in the representative process through participation and organization. LACAAEA is a non-profit charitable and educational organization incorporated in January 27, 1978. LACAAEA operates through **volunteer** participation. Correspondence to the LACAAEA should be directed to:

**P.O. Box 86334
Los Angeles, CA 90086-0334**

STAMP
HERE

**LOS ANGELES COUNTY
ASIAN AMERICAN EMPLOYEES ASSOCIATION
P.O. BOX 86334
LOS ANGELES, CA 90086-0334**