



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
County Department:		Job Title:	Status: <input type="checkbox"/> County Employee <input type="checkbox"/> Retired County Employee <input type="checkbox"/> Non-County Employee	
Preferred Method of Contact: <input type="checkbox"/> Home <input type="checkbox"/> Business	Home Address:	City:	Zip Code:	
Cell Phone #:	Home E-Mail:			
Business Phone#:	Business E-mail:			
How did you learn about the Association?				
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			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: Los Angeles County Asian American Employees Association 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. 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. Date: _____ Signature of Employee: _____	

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Please submit completed applications to treasurer.lacaaea@gmail.com or PO Box 86334, Los Angeles, CA 90086