



APPLICATION FOR CSEA MEMBERSHIP



CSEA, Local 1000 AFSCME, AFL-CIO
143 Washington Avenue, Albany, New York 12210
Phone: 1-800-342-4146 • Fax: 518-465-2382

Return application by mail, fax or scan and email to: ScanApp@CSEAINC.ORG

I hereby authorize the Civil Service Employees Association, Inc. (CSEA), Local 1000 AFSCME, AFL-CIO, to be my exclusive representative for collective bargaining and therefore revoke any other representative that I may have previously designated. I also hereby authorize the fiscal or payroll officer of my employer to deduct CSEA dues from my salary in the amount certified by CSEA in this and succeeding years of my employment and membership.

Dues, contributions or gifts to CSEA are not tax deductible as charitable contributions. However, they may be deductible as ordinary and necessary business expenses. I may revoke this authorization by sending a letter stating my intent to resign, along with my name, address, telephone number, CSEA ID number and signature, by United States Postal Service First Class Mail, to: CSEA Statewide Secretary, Civil Service Employees Association, Inc., 143 Washington Ave., Albany, N.Y. 12210.

SALUTATION MR. MRS. MS. MISS

CHECK BOX IF YOU ARE A VETERAN

FIRST NAME MI LAST NAME

NYS ID#

STATE EMPLOYEES ONLY

NICKNAME

SOCIAL SECURITY NUMBER

MAILING ADDRESS

EMPLOYER

STREET ADDRESS

PLACE OF EMPLOYMENT/LOCATION

STREET ADDRESS

WORK ADDRESS

CITY STATE ZIP

STREET ADDRESS

PHONE () AREA CODE

CITY STATE ZIP

LISTED UNLISTED

PHONE () AREA CODE

WORK PHONE () AREA CODE

DATE OF BIRTH / / mm dd yyyy

JOB TITLE

ANNUAL SALARY

HOME E-MAIL

DO NOT GIVE YOUR WORK EMAIL ADDRESS.

Signature: _____

Date: _____

By checking this box I consent to receive calls (including recorded or autodialed calls or texts) at my cell phone number from CSEA and its affiliated labor organizations on any subject matter. You may modify your preferences by calling CSEA at 1-800-342-4146 or visiting the CSEA website at cseany.org.

CSEA OFFICE USE ONLY