DO NOT SEPARATE! Please complete both sections and fold with address-side facing out.

AUTHORIZATION FOR PAYROLL DEDUCTION OF DUES

Connecticut State Employees Association (CSEA)

I hereby authorize you the State of Connecticut to deduct from my paycheck the amount of $4.50, or such amounts as may from time to time be authorized for CSEA membership dues. The amount so deducted is to be forwarded to the office of the Connecticut State Employees Association for my credit. (Of the annual amount, $2.80 is for my subscription to *CSEA News*.)

I have been informed that I may cancel this authorization upon 30 days' written notice to CSEA.

Please Print

(Mr.)
(Ms.) _____
Last Name First Middle

Employee Number _____ Social Security Number _____

Dept./Agency _____ Work Location _____

Bargaining Unit ***AMECSS*** Date Signed _____

_____
Employee's Signature

Staple or tape closed and mail to CSEA (no postage necessary).

APPLICATION FOR MEMBERSHIP IN CSEA

Agency #	Employee #	Memb. Type	Class Code	B.U.	Type of Entry	Activity Code
				AMECSS	☐ add ☐ change	_ _ _ _

FOR CSEA USE ONLY — PLEASE DO NOT WRITE ABOVE THIS LINE

Please Print State Employee # _____

Name _____
Last First Middle

Address _____
Apt.# / Box # Number and Street

_____
Town State Zip Code

Agency _____ Work Location _____

Job Title _____ Bargaining Unit ***AMECSS*** CSEA Chapter # ***300***

Telephone _____
Home Work (include ext.) Date of Application

Home Email Address _____