



# APPLICATION FOR CSEA MEMBERSHIP

CSEA, Local 1000 AFSCME, AFL-CIO  
143 Washington Avenue, Albany, New York 12210



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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This application may be faxed to the CSEA Membership Dept. at: (518) 465-2382*

PLEASE PRINT CLEARLY

- Mr.
- Mrs.
- Ms.
- Miss

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

NICKNAME \_\_\_\_\_

MAILING ADDRESS  
STREET ADDRESS LINE 1 \_\_\_\_\_  
STREET ADDRESS LINE 2 \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE \_\_\_\_\_  LISTED  UNLISTED

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

HOME E-MAIL \_\_\_\_\_

SOCIAL SECURITY NUMBER XXX - XX - \_\_\_\_\_

EMPLOYER TOWN OF HEMPSTEAD (LOCAL 880)  
PLACE OF EMPLOYMENT/LOCATION

WORK ADDRESS 350 FRONT STREET  
STREET ADDRESS  
HEMPSTEAD NY 11550  
CITY STATE ZIP

WORK PHONE (516) 489-5000

JOB TITLE \_\_\_\_\_

ANNUAL SALARY \_\_\_\_\_

CHECK BOX IF YOU ARE A VETERAN

CSEA OFFICE USE ONLY

• Please fold and tape to seal and drop in any mailbox •