



MEMBERSHIP APPLICATION
Los Angeles County
Filipino American Employees Association
 P.O. Box 861014
 Los Angeles, CA 90086
www.lacfaea.com

LACFAEA Use Only:
 Data Entry into eHR:
 (Date) _____
 By (Signature): _____
 By (Print Name): _____

Please Type or Print in Black Ink

COMPLETED BY MEMBER	Employee #:	Last Name:	First Name:	M.I.:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
	Home Address:			City:	Zip Code:	
	Home Phone #:	E-mail Address:	STATUS:	<input type="checkbox"/> County Employee <input type="checkbox"/> Retired County Employee <input type="checkbox"/> Non-County Employee	<input type="checkbox"/> Honorary Associate <input type="checkbox"/> Renew	
	Job Title:			Date Employed:		
	County Department:			Business Phone #:		
	County Department Address:			City:	Zip Code:	
	<p>I hereby request and accept membership into the Los Angeles County Filipino American Employees Association (LACFAEA), and authorize the LACFAEA 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 the LACFAEA to instruct the County to deduct LACFAEA dues from my paycheck (current employees only) at the current ongoing monthly rate.</p>					
	Date: _____			Signature: _____ Please sign the Payroll Deduction Authorization Card below		

Dues Rates: \$2.00 per month

----- Do not detach. Mail this entire completed application to LACFAEA -----

		Deduction Agency Name Los Angeles County Filipino American Employees Association		E0118
Employee Number	Dept. No.	Employee Last Name	First Name	M.I.
NOT TO BE USED FOR COUNTY INSURANCE PLANS		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 Filipino American Employees Association (LACFAEA)		
Indicate Change	Deduction Amount per month		Deduct %	
	OLD	NEW	OLD	NEW
NEW <input type="checkbox"/>				
REPLC <input type="checkbox"/>				
CANC <input type="checkbox"/>				
STOP DATE:	LIMIT AMOUNT			
PAYROLL DEDUCTION AUTHORIZATION				
		DATE: _____	WORK PHONE#: _____	
SIGNATURE OF EMPLOYEE: _____				