

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

	Employee #:	Last Name:	First	st Name:			Gender: 🗆 M	
3ER	Home Address:			City:		Zip Code:		
	Home Phone #:	E-mail Address:					ary iate v	
MEMBER	Job Title:				Date Employed:			
ВУ	County Department:			Business Phone #:				
ETED	County Department Address:			Citv:			ip Code:	
COMPLET	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.							
	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 ------

	Los An	geles Count	Deduction Agency Name y Filipino American Employees Assoc	iation	E0118			
Employee Number	Dept. No.	Employee I	Last Name	First Name N				
NOT TO BE USED FOR CO	UNTY INSUF	RANCE 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					
Indicate			ANGELES, THE AMOUNT SHOWN HEREON AND TO PAY SAME TO: Los Angeles County					
NEW			Filipino American Employees As	ssociati	on (LACFAEA)			
REPLC			IF ALL OR ANY PORTION OF THIS DEDUCTION AUTHORIZA AND/OR EMPLOYEE ORGANIZATION DUES, I ALSO AUTHC TIME THE AMOUNT OF THIS DEDUCTION AS MAY BE REQL DETERMINED BY SAID EMPLOYEE ORGANIZATIONS COVE	ORIZE THE AU	IDITOR TO ADJUST FROM TIME TO MPLY WITH DUES SCHEDULES			
CANC			ORGANIZATIONS CONSTITUTION, CHARTER, BYLAWS, OF					
STOP DATE: LIMIT AMOUNT		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.						
PAYROLL DEDUCTI	ON AUTHOR	RIZATION	DATE: WORK P SIGNATURE OF EMPLOYEE:		76E562 9/79 CA-1242			