

## **Power in Numbers**

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FIRST NAME		LAST NAME	CHAPTER/CAMPUS
*SOCIAL SECURITY NO.		PERSONAL E-MAIL ADDRESS	
PHONE (DAY)	PHONE (EVE)	CELL PHONE	WORKSITE/JOB TITLE
HOME ADDRESS		CITY	STATE/ZIP
California State University and voluntarily accept member	rersity Employees ship in CSUEU and I agree I authorize CSUEU to act	s Union, CSEA, SEIU e to abide by its Bylaws and po t as my exclusive representative	es and become a member of the Local 2579, ("CSUEU"). I hereby requesticies, and by the Service Employees International in collective bargaining over wages, benefits, and
SIGNATURE (Requ	ıired)		DATE
share to support our union's ac pay or retirement allowance of revoke it by sending written no between the employer and CS	ctivities. I hereby request a dues and any benefit dedutice via U.S. mail to CSUE UEU. This authorization sh	nd voluntarily authorize CSUEU uctions. This authorization shall U within thirty (30) days before	veryone represented by our union should pay their for the establish with my employer withholding from my remain in effect and shall be irrevocable unless the date of termination of the applicable contract is an irrevocable check-off from year to year unless the CSUEU.
SIGNATURE (Required)			DATE
` '	•	nctible as charitable contributions. In necessary business expenses.	However, they may be tax deductible as ordinary and
	additional \$2	ny initials in this box I instruc 2.00 per month for political a are not deductible as charita	activity. Contributions
	*У	our SSN and your privacy	+

California State University Employees Union/CSEA

Under California law, CSUEU is required by the California State Controller's Office to collect your Social Security Number (SSN) for membership. Your SSN will only be used for membership purposes. For details, see our complete Statement of Privacy at www.csueu.org (click "Privacy" at the bottom), or call 1-866-763-1452.

www.csueu.org

