



apsea

asian pacific state employees association

PO Box 22909
Sacramento, CA 95822

(916) 222-8178

apsea.org

Membership Application

Join APSEA today! General APSEA annual dues are only \$60 per year. For easy State payroll deduction of \$5 per month mail this completed application and authorization form to **APSEA, P.O. Box 22909, Sacramento, CA 95822**. Alternatively, you can mail in the application with a check for \$60 to **APSEA, P.O. Box 22909, Sacramento, CA 95822**.

Last Name: _____

First Name: _____ Middle Initial: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Department/Employer: _____

Membership Type:

- Full Membership (\$5/month or \$60/year, Jan- Dec)
- Retiree or Student Membership (\$30/year)
- Retiree Lifetime Membership (\$75) (30% discount on APSEA fee due events)
- Retiree Lifetime Membership (\$125) (50% discount on APSEA fee due events)

Interested in a Committee?

- | | |
|---|---|
| <input type="checkbox"/> No Thank You | <input type="checkbox"/> Equal Employment Opportunities |
| <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Publicity and Communications |
| <input type="checkbox"/> Leadership Program | <input type="checkbox"/> Community Engagement |

Select Chapter:

- Sacramento Bay Area Southern California

Automatic Payroll Deduction (Option for State Employees Only)

I hereby authorize the State Controller to deduct from my salary and transmit as designated an account for membership dues and any benefit program in which I have applied which is sponsored by the above employee organization. This authorization will remain in effect until canceled by myself or by the organization. I certify that I am a member of the above organization and understand that termination of this membership will cancel all deductions made under this authorization.

Your Signature: _____

Social Security Number: _____ Date: _____