Membership Application Los Angeles County Asian American Employees Association P. O. Box 86334 Los Angeles, CA 90086-0334



www.lacaaea.com

Plea	ase Type or Print	t in Black Ink	(
	Employee #		Last Name			First 1	Name	M.I. Gender	
	Date of Birth		Home Address				City Zip Code		Zip Code
Member to Complete	Home Phone		Dept. #	E-Mail Addr	ess	Status: [[☐ County Employee ☐ Retired County Employee ☐ Non-County Employee		
	Item # Job Title						Date Employed		
to Co	Business Address				City	Zip (Zip Code Business Phone ()		
lember	Business E-Mail								
2	I hereby request and accept membership in the Los Angeles County Asian American Employees Association (LACAAEA), and authorize the LACAAEA to represent my interest as an employee of the County of Los Angeles, and agree to abide by the rules and regulations of the Association. I further authorize LACAAEA to instruct the County to deduct LACAAEA dues from my paycheck through the Los Angeles County Chicano Employees Association.								
	Date Signature Please sign Payroll Deduction Authorization Card at bottom								
		D. N.			00 per month				
				eduction Age	lete Applicati ncy Name	ION TO AF	\EA		
Los Angeles County Chicano								432	
Employee Number Dept. Employee Last Name No.					OVE THIS LINE	First	Name		M.I.
	T TO BE USED FO	DR COUNTY	INSURANCI	E PLANS Deduct %	I HEREBY AUTHORIZE T MONTHLY FROM SALAR ANGELES, THE AMOUNT	RY EARNED BY ME	IN ANY DEPARTM	ENT OR DISTRICT OF	S AGENTS TO DEDUCT THE COUNTY OF LOS
Indicate Deduction Amount Deduct % Change OLD NEW NEW				Los Angeles County Asian American Employees Association					
REPLC. CANC.					IF ALL OR ANY PORTION OF THIS DEDUCTION AUTHORIZATION INCLUDES INSURANCE PREMIUMS AND/OR EMPLOYEE ORGANIZATION DUES, I ALSO AUTHORIZE THE AUDITOR TO ADJUST FROM TIME TO-TIME THE AMOUNT OF THIS DEDUCTION AS MAY BE REQUIRED TO COMPLY WITH DUES SCHEDULES DETERMINED BY SAID EMPLOYEE ORGANIZATIONS COVERING BODY IN ACCORDANCE WITH SUCH ORGANIZATIONS CONSTITUTION, CHARTER, BYLAWS, OR OTHER APPLICABLE LEGAL REQUIREMENTS.				
	OP DATE:	L	THIS AUTHORIZATION CANCELS AND REPLACES ANY PREVIOUSLY SIGNED BY ME WITH THE 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 DE	DUCTION A	AUTHORIZ	ZATION	Date:		- Work Ph	one: ———	
					Signature of E				

PAYROLL DEDUCTION CODE - # 432

NOTICE

Presently, the Los Angeles County Asian American Employees Association conducts its membership payroll deduction under the good graces and sponsorship of the *Los Angeles County Chicano Employees Association, deduction code 432.* County regulations regarding payroll deductions require that employee organizations constitute at least 10 percent of its employee base before said organization(s) can independently participate in the payroll deduction process.

Dues/Tax Deductibility Statement: Dues, fees, and assessments to the Los Angeles County Asian American Employees Association are tax deductible under applicable regulations regarding a 501-c(3) organization

FOR YOUR INFORMATION: The focus of the Los Angeles County Asian American Employees Association is rooted in the objective of *Community Empowerment*. This concept is based upon the basic principles of community organization and recognition that Asian and Pacific Americans must participate in the representative process through participation and organization. LACAAEA is a non-profit charitable and educational organization incorporated in 1992. LACAAEA operates through *volunteer* participation. Correspondence to the LACAAEA should be directed to:

P.O. Box 86334 - Los Angeles, CA 90086-0334

STAMP HERE

LOS ANGELES COUNTY
ASIAN AMERICAN EMPLOYEES ASSOCIATION
P.O. BOX 86334
LOS ANGELES, CA 90086-0334