



Los Angeles County African American Employees Association

P.O Box 91851, Los Angeles, CA 90009

www.lacaaea.org



LACAAEA Use ONLY

Data Entry into eHR:

(Date) _____

By (Signature):

By (Print Name):

Please make sure you have completed all information on the application clearly and accurately before signing.

Employee #:	Last Name:	First Name:	M.I.:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
County Department:			Job Title:	
Telephone (provide at least one) Home: ()) Work/Cell: ())		E-Mail Address: (provide at least one) <input type="checkbox"/> Home: <input type="checkbox"/> Business:		Status: <input type="checkbox"/> County Employee <input type="checkbox"/> Retiree (see reverse) <input type="checkbox"/> Associate <input type="checkbox"/> Other (see reverse)
Address (Check one): <input type="checkbox"/> Business <input type="checkbox"/> Home			City:	Zip Code:
How did you learn about the Association?				
<p>Membership Agreement: I hereby request and accept membership in the Los Angeles County African American Employees Association (LACAAEA), hereby referred to as "Association" and authorize LACAAEA to represent my interest as a member and/or an employee of the County of Los Angeles. I further authorize LACAAEA to instruct the County to deduct LACAAEA dues from my paycheck (current employees only). I agree to conduct myself in accordance with, and abide by the Association Bylaws, rules and regulations relating to participation in the Association as they currently exist and as they may be amended in the future by the Association. I shall exemplify high standards of honesty and integrity while carrying out the duties and obligations of the Association. I will deal fairly with the past and present members and public, giving due respect to the opinions of others. I will not engage in any practice which has the purpose of corrupting the integrity of the Association. I will scrupulously safeguard the confidences and privacy rights of the Association and its members. I will not intentionally damage the professional reputation or practices of the Association. I understand that the Association membership is not transferable to another person, and that members must be 18 years of age or older.</p> <p>Date _____ Signature* _____</p> <p style="text-align: center;"><small>*Please also sign the Payroll Deduction Authorization Card at bottom *LAC African American Employees Association payroll deduction program is in collaboration with the LAC Asian American Employees Association.</small></p>				
Official Use Only				
Date Received: _____ Processed by: _____ Membership No.: _____				

Dues Rate: \$5.40 per month

-----Do not detach. Mail complete application to LACAAEA-----

Deduction Agency Name		EO126
Los Angeles County Asian American Employees Association		
NOT TO BE USED FOR COUNTY INSURANCE PLANS		
SELECT ONE	DEDUCTION AMOUNT PER MONTH	
	OLD	NEW
NEW <input type="checkbox"/>		\$5.40
REPLC. <input type="checkbox"/>	\$	\$
CANC. <input type="checkbox"/>	\$5.40	
PAYROLL DEDUCTION AUTHORIZATION		
<p>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:</p> <p style="text-align: center;">Los Angeles County Asian American Employees Association</p> <p>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.</p> <p>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.</p> <p>Date: _____</p> <p>Signature of Employee: _____</p>		

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

Other Membership Status:

Retiree: Annual membership fee: \$30.00

Retired Lifetime membership: \$300.00

General Lifetime membership: \$500.00

Non-Profit Organization or Group Lifetime: \$1,000.00

Please make your check or Money Order payable to LAC-African American Employees Association. Mail completed application and payment to the above address on the front page or return to: Membership Chairperson or any Officer of the Association. Fees are non-refundable.

Correspondence to the LACAAEA should be directed to:

**LACAAEA
P.O. Box 91851
Los Angeles, CA 90009**

LACAAEA is a Recognized 501 (c) (3) Organization

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HERE

**LOS ANGELES COUNTY
AFRICAN AMERICAN EMPLOYEES ASSOCIATION
P.O. BOX 91851
LOS ANGELES, CA 90009**