

CSEA, INC.  
LOCAL 1000/AFSCME/AFL-CIO  
143 WASHINGTON AVENUE, ALBANY, NY 12210

**APPLICATION FOR DUES FREE /ASSOCIATE MEMBERSHIP FOR LAID OFF MEMBERS**

I certify that as a member in good standing, I \_\_\_\_\_, have been  
(Print Full Name)

laid off from my employment as of \_\_\_\_\_ and I have been placed on a preferred list for  
(Date)

rehire for \_\_\_\_\_ by my employer. The first year, I will be placed on dues  
(Job Title)

free membership and after the first year, I will become an Associate member at the cost of \$52.00 per year.

It should be noted that CSEA membership is a requirement to continue participation in the CSEA voluntary insurance programs. While you are laid off, you must make arrangements to direct pay your insurance premiums to keep your insurance coverage in force. Please call the CSEA Insurance Dept. at 1-800-342-4146, ext. 1337 to make these arrangements.

Please be advised you **MUST** contact the Employee Benefit Fund at 1-800-323-2732 for further information regarding your benefits.

I will notify the Membership Department of CSEA the date I return to work and will furnish CSEA with the name of my employer and my work address.

DATE: \_\_\_\_\_

SIGNATURE OF MEMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

AREA CODE & HOME PHONE: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_

CSEA MEMBER ID NUMBER: \_\_\_\_\_

Should you have any questions, please call Membership Records – 1-800-342-4146.

When completed, please fax (518-465-2382) OR mail this form to:

CSEA, Inc.  
Member Solutions Center  
143 Washington Avenue  
Albany, New York 12210