



County Employee Management Association
Serving Administrative and Supervisory Members Since 1977



Membership Application and Payroll Authorization

APPLICANT

First Name	I	Last Name	Birthdate	Social Security No.	
Address			City	State	Zip Dist 91
Telephone: Home		Work	Check the email address you prefer we use for CEMA business.		
			<input type="checkbox"/> Email Work <input type="checkbox"/> Email Personal		
Employee ID#	Position Title		Department Name & Number		

PAYROLL AUTHORIZATION - CEMA EMPLOYER: County of Santa Clara County of Monterey Santa Clara County Superior Court

I hereby authorize the deduction of membership dues from my bi-weekly salary earned, the amount as agreed upon by the County Employees Management Association (CEMA) and Operating Engineers Local Union No. 3 AFL-CIO (Local 3) and pay same to CEMA affiliated with Local 3. The amount will be for association dues, Per Capita, membership initiation/dues and benefit programs of Local 3. This authorization shall be in full force and effect until revoked in writing to CEMA and the County of Santa Clara, the County of Monterey, or Santa Clara County Superior Court.

I hereby authorize my Employer to withhold from my wages the current monthly dues rate set for my classification and to transmit said sum to Operating Engineers Local Union No. 3. I consent to the adjustment of such deduction (1) to conform to any future pay period change or (2) to reflect any change in fees of which the Employer may be advised by Operating Engineers Local Union No. 3. The authorization shall be in full force and effect until revoked by the undersigned or by Operating Engineers Local Union No. 3 consistent with the procedures set forth below.

I direct my employer to deduct from my pay regular amounts equal to the union's membership dues and to transfer that money to the union, regardless of my membership status. I understand that the union may periodically adjust the amount, per the Operating Engineers Local Union No.3 Bylaws. I understand that I can cancel my membership in the Union at any time, which must be done in writing. I understand that in the event that I cancel my membership, I will maintain my commitment to continue the payments equal to the union's dues for 12 months from my authorization date, the date I sign below, at which time my commitment will continue unless I revoke that commitment by giving the union a written notice, not less than ten (10) days and not more than twenty (20) days before the end of that 12-month period. I agree that the contributions authorized above shall continue and this authorization shall automatically renew annually. The revocation must be mailed to the union's central office.

I hereby swear under penalty of perjury that to the best of my knowledge all statements made on this questionnaire are true.
 Applicant's Signature: _____ Date: _____

Please Note: If you have any questions or need to make changes to the information on this form, please contact the CEMA office at 408-289-9691 or membership@sccema.org.

You may complete this application on paper and submit to membership@sccema.org or FAX (408) 289-1128.

IMPORTANT: We can only accept wet signatures, scans, or images of your signature. We cannot accept a typed signature.

<input type="checkbox"/> Beneficiary card received		ADMINISTRATIVE USE ONLY				<input type="checkbox"/> Medical Access Fee Payer		
Hir	Ct#	Billing #	Ckoff Code	Dues Rate	App Dist	Type	Local	Old Local
Register No	Init Loc	Init Date	Previous Membership Status		Comments			
TYPE OF APPLICATION: <input type="checkbox"/> New Member								

