



**County Employees Management Association**  
Serving Administrative & Supervisory Members Since 1977



## Membership Application and Payroll Authorization

APPLICANT - FILL IN SHADED AREAS (PLEASE PRINT)

First Name	I	Last Name	Birthdate	Sex (M/F)	Social Security No.
Address			City	State	Zip
Telephone: Home		Work	Email Address		
Position Code Number	Position Title		Department Name & Number		
CEMA Chapter (Please Check)    ___ County of Santa Clara    ___ Superior Court					
<b>ETHNIC DERIVATION (CHECK 1 BOX ONLY)</b>					
I hereby swear under penalty of perjury that to the best of my knowledge all statements made on this questionnaire are true.					
1. <input type="checkbox"/> Filipino    2. <input type="checkbox"/> Hispanic    3. <input type="checkbox"/> Native American Indian    4. <input type="checkbox"/> Asian    5. <input type="checkbox"/> African American    6. <input type="checkbox"/> Other Non White    7. <input type="checkbox"/> White					
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 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 or Santa Clara County Superior Court.					
Witness		Applicant's Signature:		Date:	

**Please Note:** For future **address changes** or if you have any questions, please call the CEMA office at the number below.

Send or Fax to the CEMA Office: 1654 The Alameda, Suite 110  
San Jose, CA 95126  
Phone (408) 289-9691 Fax (408) 289-1128

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

