



County Employee Management Association
Serving Administrative and 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	Dist			
Telephone: Home		Work		Email Work			Primary Y / N		
				Email Personal			Y / N		
Employee ID#		Position Title			Department Name & Number				
CEMA Chapter (Please Check) ___ County of Santa Clara ___ Superior Court									
ETHNIC DERIVATION (CHECK 1 BOX ONLY) 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									
PAYROLL AUTHORIZATION - CEMA 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 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

ADMINISTRATIVE USE ONLY									
<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					
TYPE OF APPLICATION <input type="checkbox"/> New Member									