

APPLICATION FOR CSEA MEMBERSHIP



CSEA, Local 1000 AFSCME, AFL-CIO
143 Washington Avenue, Albany, New York 12210
Phone: 1-800-342-4146, x1314 • Fax: 518-465-2382
Return application by mail, fax or scan and email to: ScanApp@CSEAINC.ORG

I hereby authorize the Civil Service Employees Association, Inc. (CSEA), Local 1000 AFSCME, AFL-CIO, to be my exclusive representative for collective bargaining and therefore revoke any other representative that I may have previously designated. I also hereby authorize the fiscal or payroll officer of my employer to deduct CSEA dues from my salary in the amount certified by CSEA in this and succeeding years of my employment and membership.

Dues, contributions or gifts to CSEA are not tax deductible as charitable contributions. However, they may be deductible as ordinary and necessary business expenses. I may revoke this authorization by sending a letter stating my intent to resign, along with my name, address, telephone number, and CSEA ID number, by United States Postal Service First Class Mail to: CSEA Statewide Secretary, Civil Service Employees Association, Inc., 143 Washington Avenue, Albany, N.Y. 12210.

SALUTATION	☐ MR. ☐ MRS. ☐ MS. ☐ MISS		CHECK BOX IF YOU ARE A VETERAN
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HOME E-MAIL	DO NOT GIVE YOUR WORK EMAIL ADDRESS.	· · · · · · · · · · · · · · · · · · ·	
Signature:			Date:
number fro	cking this box I consent to receive co m CSEA and its affiliated labor orgar A at 1-800-342-4146 or visiting the C	nizations on any subject ma	utodialed calls or texts) at my cell phone tter. You may modify your preferences by
	ay be sent back to the Local 815 U	Inion Hall by:	
	716-896-8921n		
Emailing it to: contactus@csea815.com			