



MEMBERSHIP APPLICATION

California Attorneys, Administrative Law Judges
and Hearing Officers in State Employment

Toll-free telephone: 1-800-699-6533

Mr. Ms.

Name (Last) (First) Middle Initial

Date of Birth Employment Hire Date Job Title

HOME ADDRESS (Street Address)

(City) (State) (Zip Code)

Home Telephone (Alternate Telephone) (Home E-mail Address)

WORK ADDRESS (Street Address) (Department)

(City) (State) (Zip Code)

Work Telephone (Extension) (Work E-mail Address)

I hereby apply for membership in the California Attorneys, Administrative Law Judges and Hearing Officers in State Employment (CASE) and designate CASE as my exclusive representative for all matters relating to wages, hours and other terms and conditions of employment and for all other purposes provided by law. I authorize the State Controller to deduct from my salary and transmit as designated an amount for membership dues and any benefit program for which I have applied which is sponsored by CASE. This authorization will remain in effect until canceled by myself or CASE. I understand that termination of membership will cancel all deductions made under this authorization (present monthly dues are \$45).

Signature _____ Date _____

The Board of Directors has created a PAC (Political Action Committee) fund and will allocate a portion (currently \$10 a month) of the members' dues to this fund. If you do not want any portion of your dues to be used for this purpose, you must notify CASE in writing.

PLEASE MAIL TO: 1231 I STREET SUITE 300, SACRAMENTO, CA. 95814 **or FAX to:** 916-669-4199
www.calattorneys.org