



Los Angeles County African American Employees Association

P.O Box 91851, Los Angeles, CA 90009

www.lacaaea.org



Welcome to the LACAAEA Application.

You are one step closer to becoming a LACAAEA member and enjoying our membership benefits.

- Please complete all fields for the application and payroll deduction card.
- Review the printed form to confirm that your information is correct, then sign the payroll deduction card in two places.
- Return the form by mail to: Attention LACAAEA Membership Chair, Post Office Box 91851, Los Angeles, CA 90009; or
- Return a scanned copy of the completed and signed form to:
Membership@lacaaea.org



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LACAAEA Use ONLY

Data Entry into eHR:

(Date) _____

By (Signature):

By (Print Name):

| | | | | | |
|--|-------------------|---|--------------|---|-----------------------|
| Employee #: | Last Name: | First Name: | M.I.: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth: |
| County Department: | | Job Title: | | Year of County Service: | |
| Telephone (provide at least one) Home: () Work: () Cell: () | | E-Mail Address: (provide at least one) <input type="checkbox"/> Home: <input type="checkbox"/> Business: | | Status: <input type="checkbox"/> County Employee <input type="checkbox"/> Associate <input type="checkbox"/> Retire <input type="checkbox"/> Non-Profit Organization | |
| <input type="checkbox"/> Group Lifetime <input type="checkbox"/> Retiree Lifetime <input type="checkbox"/> General Lifetime | | Address (Check one): <input type="checkbox"/> Business <input type="checkbox"/> Home | | City: | Zip Code: |
| How did you learn about the Association? | | | | | |
| <p>Membership Agreement: I hereby request and accept membership in the Los Angeles County African American Employees Association (LACAAEA), hereby referred to as "Association" and authorize LACAAEA to represent my interest as a member and/or an employee of the County of Los Angeles. I further authorize LACAAEA to instruct the County to deduct LACAAEA dues from my paycheck (current employees only). I agree to conduct myself in accordance with, and abide by the Association Bylaws, rules and regulations relating to participation in the Association as they currently exist and as they may be amended in the future by the Association. I shall exemplify high standards of honesty and integrity while carrying out the duties and obligations of the Association. I will deal fairly with the past and present members and public, giving due respect to the opinions of others. I will not engage in any practice which has the purpose of corrupting the integrity of the Association. I will scrupulously safeguard the confidences and privacy rights of the Association and its members. I will not intentionally damage the professional reputation or practices of the Association. I understand that the Association membership is not transferable to another person, and that members must be 18 years of age or older.</p> | | | | | |
| Date _____ | | Signature* _____ | | | |
| *Please also sign the Payroll Deduction Authorization Card at bottom | | | | | |
| Official Use Only | | | | | |
| Date Received: _____ | | Processed by: _____ | | Membership No.: _____ | |

Dues Rate: \$5.40 per month

-----Do not detach. Mail complete application to LACAAEA-----

| | | | |
|---|----------------------------|---------------|--------------|
| Deduction Agency Name | | | EO128 |
| Los Angeles County African American Employees Association | | | |
| NOT TO BE USED FOR COUNTY INSURANCE PLANS | | | |
| SELECT ONE | DEDUCTION AMOUNT PER MONTH | | |
| | OLD | NEW | |
| NEW <input type="checkbox"/> | | \$5.40 | |
| REPLC. <input type="checkbox"/> | \$ | \$ | |
| CANC. <input type="checkbox"/> | \$5.40 | | |
| PAYROLL DEDUCTION AUTHORIZATION | | | |
| <p>I HEREBY AUTHORIZE THE AUDITOR OF THE COUNTY OF LOS ANGELES OR HIS AGENTS TO DEDUCT MONTHLY FROM SALARY EARNED BY ME IN ANY DEPARTMENT OR DISTRICT OF THE COUNTY OF LOS ANGELES, THE AMOUNT SHOWN HEREON AND TO PAY SAME TO:</p> <p style="text-align: center;">Los Angeles County African American Employees Association</p> <p>IF ALL OR ANY PORTION OF THIS DEDUCTION AUTHORIZATION INCLUDES INSURANCE PREMIUMS AND/OR EMPLOYEE ORGANIZATION DUES, I ALSO AUTHORIZE THE AUDITOR TO ADJUST FROM TIME-TO-TIME THE AMOUNT OF THIS DEDUCTION AS MAY BE REQUIRED TO COMPLY WITH DUES SCHEDULES DETERMINED BY SAID EMPLOYEE ORGANIZATIONS COVERING BODY IN ACCORDANCE WITH SUCH ORGANIZATIONS CONSTITUTION, CHARTER, BYLAWS, OR OTHER APPLICABLE LEGAL REQUIREMENTS.</p> <p>THIS AUTHORIZATION CANCELS AND REPLACES ANY PREVIOUSLY SIGNED BY ME WITH THE DEDUCTION AGENCY FOR THIS PURPOSE AND SHALL REMAIN IN EFFECT UNTIL CANCELLED BY ME BY WRITTEN NOTICE. I EXPRESSLY UNDERSTAND AND AGREE THAT THE AUDITOR, HIS AGENTS, OR THE COUNTY ACTING UNDER THIS AUTHORIZATION SHALL NOT BE LIABLE IN ANY MANNER FOR FAILURE OR DELAY IN MAKING THE DEDUCTION OR PAYMENTS HERE AUTHORIZED.</p> <p>Date: _____</p> <p>Signature of Employee: _____</p> | | | |

Dues/Tax Deductibility Statement: *Dues, fees, and assessments to the Los Angeles County African American Employees Association are tax deductible under applicable regulations regarding a 501 (c) (3) organization.*

Other Membership Status:

Retiree: Annual membership fee: \$30.00

Retired Lifetime membership: \$300.00

General Lifetime membership: \$500.00

Non-Profit Organization or Group Lifetime: \$1,000.00

Please make your check or Money Order payable to LAC-African American Employees Association. Mail completed application and payment to the above address on the front page or return to one of the following: the Membership Chairperson, Department Representative or Officer of the Association. Fees are non-refundable.

Correspondence to the LACAAEA should be directed to:

**LACAAEA
P.O. Box 91851
Los Angeles, CA 90009**

LACAAEA is a Recognized 501 (c) (3) Organization

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HERE

**LOS ANGELES COUNTY
AFRICAN AMERICAN EMPLOYEES ASSOCIATION
P.O. BOX 91851
LOS ANGELES, CA 90009**