

**Association of California State Employees with Disabilities**

**5960 South Land Park Drive, PMB #194**

**Sacramento, CA 95822**

**MEMBERSHIP APPLICATION**

Date \_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Middle Initial First

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone ( ) \_\_\_\_\_\_\_\_\_\_\_ Work ( )\_\_\_\_\_\_\_\_\_\_\_\_\_ Other

#####

 **Best Email Address for ACSED Communications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### (I agree that ACSED may send all ACSED-related communications to me at this email address)

 Employer / Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Position Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Classification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACSED MEMBERSHIP CATEGORIES**

□ **Regular Member - $30/year** (Individuals who are currently working for the State of

 California)

□ **Supporting Member - $24/year** (Individuals who are not currently employed by the

 State of California)

□ **Student Member - $12/year** (Jobseeker - Enrolled in an institution of Post-

 secondary education)

**Please See Other Side**

**Method of payment (Please mark box(s) below)**

  □ ***State Controller (Payroll/Retirement) Deduction***

 □ **Regular Member - $2.50 per month**

 □ S**upporting Member - $2.00 per month**

**(Note: For Payroll/Retirement deduction, please read the following statement and fill in SSN, sign, and date.)**

**I hereby authorize the State Controller/CalPERS to deduct from my salary/retirement and transmit as designated an amount for membership dues and any benefit program for which I have applied which is sponsored by the above employee organization. This authorization will remain in effect until cancelled by myself or by the organization. I certify I am a member of the above organization and understand that termination of membership will cancel all deductions made under this authorization.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Social Security Number Signature Date

□ ***Credit card -*** *(You will be contacted for payment)*

 □ **Regular - $30**

 □ **Supporting - $24**

 □ **Student Member - $12**

□ ***Check - Make check payable to ACSED***

 □ **Regular Member - $30/year**

 □ **Supporting Member - $24/year**

 □ **Student Member $12/year**

**Note: Payment must be by personal check or credit card. We do not accept payment of membership dues by state agencies.**

If you need this document in an alternative format such as braille, large print, electronic text or audio recording, please contact Ralph Black at ralphdblack@att.net or call

 (916) 531- 6460. (Rev.10/2021)