



**MEMBERSHIP APPLICATION**

Please fill out COMPLETELY

Recruited by: \_\_\_\_\_

Name: \_\_\_\_\_ SSN / ID \_\_\_\_\_  
Address: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
City: \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell/Pager \_\_\_\_\_

**Employer:**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Santa Barbara County       | <input type="checkbox"/> Goleta City                 | <input type="checkbox"/> Santa Barbara City – Gen    | <input type="checkbox"/> Port San Luis Harbor Dist |
| <input type="checkbox"/> Air Pollution Control Dist | <input type="checkbox"/> Goleta Water District       | <input type="checkbox"/> Santa Barbara City - TAP    | <input type="checkbox"/> San Luis Coastal Schools  |
| <input type="checkbox"/> Arroyo Grande City         | <input type="checkbox"/> Grover Beach City           | <input type="checkbox"/> Santa Barbara City - Hourly | <input type="checkbox"/> SLO Courts Misc Unit      |
| <input type="checkbox"/> Atascadero City            | <input type="checkbox"/> Isla Vista Parks & Rec Dist | <input type="checkbox"/> Santa Maria Cemetery Dist   | <input type="checkbox"/> SLO Courts Tech Unit      |
| <input type="checkbox"/> Carpinteria City           | <input type="checkbox"/> Morro Bay City              | <input type="checkbox"/> Paso Robles City            | <input type="checkbox"/> Santa Barbara Courts      |
| <input type="checkbox"/> Cambria CSD                | <input type="checkbox"/> Santa Maria City            | <input type="checkbox"/> Pismo Beach City            | <input type="checkbox"/> Other: _____              |

Department: Name \_\_\_\_\_  
Worksite: Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Job Classification: Title \_\_\_\_\_

SEIU Local 620 Dues Schedule:	
Bi-weekly Gross Salary	Dues Amount
\$ 1,659.85 or less	1.0%
\$ 1,659.86 to \$2,150.23	1.2%
\$ 2,150.24 or more	1.4%
From a floor of \$8.17 bi-weekly to a ceiling of \$34.92 bi-weekly	

Membership includes \$1,000 death benefit and \$1,000 accidental death benefit.

Name of Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

I pledge upon my honor and agree to educate others and myself in the history of the labor movement. To defend to the best of my ability the principles of trade unionism and I will not knowingly wrong a member or see a member wronged if it is in my power to prevent it.

I hereby authorize and designate SEIU Local 620 SEIU to be my sole representative for the purpose of collective bargaining on wages, hours, and other terms and conditions of employment. This authorization supersedes and cancels any previously signed form.

I choose not to have this portion of my dues allocated to political action.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fill out both the top and bottom parts of this form.

**LOCAL GOVERNMENT AGENCY – CITY, COUNTY, SUPERIOR COURT, SCHOOL, AND SPECIAL DISTRICTS**  
**SEIU LOCAL 620 VOLUNTARY DEDUCTION AUTHORIZATION**

I hereby authorize my employer through their duly authorized agents to deduct amounts from my salary each paycheck and to adjust from time to time the amounts of these deductions to comply with dues, initiation fees, voluntary political action contributions (Cope), insurance, and other assessment schedules as determined by SEIU Local 620's governing body. This authorization cancels and replaces any previously signed form and shall remain in effect until changed by written notice. I agree that my employer is not liable for failure or delay in making these deductions or payments. I fully understand that by signing this membership application that I agree to remain a member through the term of the current Memorandum of Understanding (MOU) and to adhere to the provisions of the MOU.

Print Employee Name _____	Employer Name: _____	Unit Name/Number: _____
Signature of Employee _____	Date _____	Social Security Number/ ID Number _____
* Dues: start _____ cancel _____		
* Voluntary Insurance Program: start _____ cancel _____ amount of deduction \$ _____		
• Voluntary PAC Contributions (COPE): start _____ cancel _____ amount of deduction \$ _____		

input \_\_\_\_\_ initials \_\_\_\_\_

**Mail or Fax To: SEIU Local 620**  
**114 N. Vine**  
**Santa Maria, Ca. 93454**  
**Fax: (805) 614-7620**