**GLENDALE CITY EMPLOYEES’ ASSOCIATION**

**Choose One:**

|  |  |
| --- | --- |
|  | Full Membership – $15 per month |
|  | Associate Member – $4.50 (**FOR GMA, IBEW, GFFA, GPOA** **ONLY**) |

Employee Number \_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_

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

 (Please Print Clearly)

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

 Street City State Zip

Date Employed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Class/Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please fill this application out and return it to gcea@glendaleca.gov**

I hereby apply for membership of the above Association and agree to be governed by its By-Laws. The Director of Finance is authorized to deduct the Mortuary Assessment from my current paycheck upon the death of any member of the GCEA in good standing, and to remit such amount to the GCEA Mortuary Fund. The Director of Finance is also authorized to deduct current GCEA Dues from my paycheck and remit such dues to the GCEA. This agreement is to remain in effect until it is revoked in writing and is received by the Secretary of the GCEA. I have read the GCEA By-Laws Article VII, Section IIa regarding the beneficiary payment and designation.

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

Applicant Signature Date

**GLENDALE CITY EMPLOYEES’ ASSOCIATION BENEFICIARY INFORMATION**

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

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

 Street City State Zip

NOTE: A contingent (substitute) beneficiary may be named to receive the proceeds in the event the Primary Beneficiary dies prior to the employee. If more than one primary beneficiary is named, the percentage of the total benefit each should receive must be stated. If there are two beneficiaries, the primary beneficiary has 60 days to claim the money.

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

Applicant Signature Date

 **(Continued on pg 2)**

**Office use:**

Member list\_\_\_\_\_\_\_; Payroll \_\_\_\_\_\_\_; Master list\_\_\_\_\_\_\_

**Page 2**

**GCEA POLITICAL ACTION COMMITTEE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print)

Authorize the City of Glendale Director of Finance to deduct:

$0.25\_\_\_\_\_\_\_\_\_\_

$0.50\_\_\_\_\_\_\_\_\_\_

$1.00\_\_\_\_\_\_\_\_\_\_

Other amount $\_\_\_\_\_\_\_\_\_\_

**Per pay period** from my paycheck. These monies are to be donated to the GCEA Political Action Account.

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

Signature

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

Date

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

Employee I.D. Number