GLENDALE CITY EMPLOYEES' ASSOCIATION

Cho	oose One:					
	Full Membership –	\$15 per month				
	Associate Member – \$4.50 (FOR GMA, IBEW, GFFA, GPOA ONLY)					
Emp	oloyee Number	· · · · · · · · · · · · · · · · · · ·				
Nam	ne					
	(Please Print Clearly)				
Add	ress					
	Street		City	State	Zip	
Date	Employed	Work Email				
Job	Class/Department					
receiv desig	ved by the Secretary of the G gnation.	it such dues to the GCEA. TI	-	Section IIa regardinç	-	•
App	olicant Signature			Date		
	GLENDALE	CITY EMPLOYEES' ASS	SOCIATION BENE	EFICIARY INFOR	MATION	
Nam	ne of Primary Beneficia	ry				
Add	ress					
	Street		City	State	Zip	
the e	mployee. If more than one pr	eneficiary may be named to r rimary beneficiary is named, t es, the primary beneficiary ha	the percentage of the	e total benefit each s		•
App	licant Signature			Date		
				(1	Continued on p	g 2)
	ce use:					
DL_	; Payroll	; Master list	FunEx			

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