

# ASEA ANNUAL MEMBERSHIP APPLICATION

110 N. JACKSON ST., MONTGOMERY, AL 36104 \* www.asea.org \* (334)834-6965 \* FAX (334)834-4904 \* 1-800-252-7063

You may pay LUMP SUM ANNUAL DUES  
(Full year = \$132 or multiply \$11 x number of months left in ASEA's  
membership year based on when you join).  
ASEA membership year begins Aug. 1 and ends July 31.

-OR-

You may pay MONTHLY PAYROLL DEDUCTION \$11.00\*  
(If you choose lump sum annual dues, check must accompany  
membership application. Please make check payable to ASEA.)

Check here if you are a contract employee. (Payroll deduction not available. Lump sum dues must accompany application).

Chapter: \_\_\_\_\_ Recruiter: \_\_\_\_\_

Recruiter's ASEA Membership ID #: \_\_\_\_\_

Name ( Mr. /Ms. ) \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dept. \_\_\_\_\_ Work Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Fax (H) \_\_\_\_\_ Fax (W) \_\_\_\_\_

E-mail (H) \_\_\_\_\_ E-mail (W) \_\_\_\_\_

Beneficiary's Name \*\* \_\_\_\_\_ Relationship \_\_\_\_\_

\*\* (Upon membership, you receive a \$5,000 Accidental Death and Dismemberment Insurance Policy at no additional cost)

By signing this application, the applicant gives express permission to ASEA, its subsidiaries and affiliates, and affiliated vendors to send to applicant information and advertisements by, but not limited to, the following means: facsimile, email, US mail, or private courier.

X   
Signature \_\_\_\_\_

(PLEASE KEEP APPLICATION IN ONE PIECE. DO NOT TEAR APART.)

## AUTHORIZATION FOR ASEA PAYROLL DEDUCTION

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Dept./Div. \_\_\_\_\_

\*I understand this is an annual membership application with total payments of \$132 per year which includes \$2 per month voluntary contribution to SEA-PAC that may be cancelled with one month's notice in writing to the ASEA office. If I choose to pay by payroll deduction, I will have the option to cancel my membership each year during the last ten (10) working days of July. If I do not notify my payroll clerk of membership cancellation during the last ten (10) working days of July, my membership will automatically be renewed for the next year. I further understand that if I leave state service my payroll deduction membership dues and SEA-PAC contribution will cease.

### FOR OFFICE USE ONLY

Payroll Code \_\_\_\_\_

ASEA  \$11.00

Effective Date \_\_\_\_\_

Contributions or gifts to the Alabama State Employees Association are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses. Consult your tax advisor.

Employee Signature  X  \_\_\_\_\_

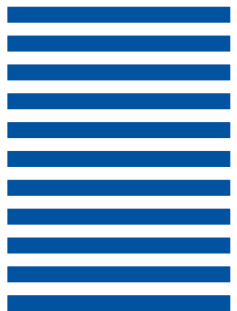
ATTENTION PAYROLL CLERKS: A separate billing will be sent for SEA-PAC.

www.asea.org \* www.asea.org \* www.asea.org \* www.asea.org \* www.asea.org \* www.asea.org \* www.asea.org \* www.asea.org \* www.asea.org \* www.asea.org

Join the ONLY  
Association that promotes &  
protects State Employees...  
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110 N JACKSON ST  
MONTGOMERY AL 36177-9728**

