

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 MONTHLY PAYROLL DEDUCTION \$9.00* Lump sum annual dues \$108
(If you choose lump sum annual dues, check must accompany membership application. Please make check payable to ASEA.)
- Bank Draft (\$9.00 per month/\$108 annual) Credit Card (\$9.00 per month/\$108 annual)
- 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. _____ Date of Birth (optional) : ____ / ____ / ____

Home Address _____ City _____, AL ZIP _____

Dept. _____ Work Address _____

Phone (H) _____ Phone (W) _____ Cell _____

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

DEBIT AUTHORIZATION FORM

I (we) hereby authorize Alabama State Employees Association (ASEA) to initiate entries to my (our) checking/savings accounts at the financial institution listed below and, if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until ASEA is notified by me (us) in writing to cancel it in such time as to afford ASEA and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name of Financial Institution _____

Date _____

Signature _____

Name (Print) _____

Dues Withdrawn \$9 per month or \$108 annual (please circle)

Financial Institution Routing Number _____

Checking/Savings Account Number _____

These numbers are located on the bottom of your check as follows:

example: **123456789** **1234567890123**
ROUTING NUMBER ACCOUNT NUMBER

- Visa MasterCard AmEx Discover
 \$9 month \$108 annual

Name on Card _____

Card # _____

Exp. Date _____ Security Code _____
MM/YY

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 \$108 per year. 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 will cease. I also understand that annual membership dues of \$108 per year include \$10.67 for an annual subscription of the *Insider*.

FOR OFFICE USE ONLY

Payroll Code _____

ASEA \$9.00

Effective Date _____

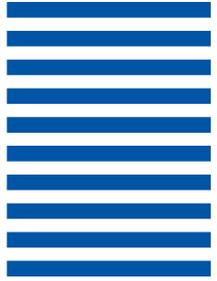
Employee Signature X _____

Join the ONLY
Association that promotes &
protects State Employees...
Apply Today!



NO POSTAGE
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IF MAILED
IN THE
UNITED STATES

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ALABAMA STATE EMPLOYEES ASSN
110 N JACKSON ST
MONTGOMERY AL 36177-9727

