

# 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

WEB

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Dues Withdrawn \$9 per month or \$108 annual (please circle)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

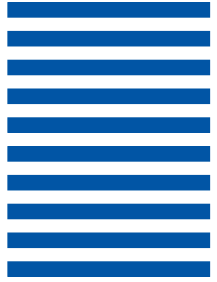
Employee Signature X \_\_\_\_\_

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



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IN THE  
UNITED STATES

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

