

# ASEA ANNUAL MEMBERSHIP APPLICATION

CREDIT/DEBIT

www.asea.org



110 N. JACKSON ST., MONTGOMERY, AL 36104 \* (334)834-6965 \* FAX: (334)834-4904 \* EMAIL: membership@asea.org

Lump sum annual dues \$108. 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. (Lump sum dues must accompany application).

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

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

Name ( Mr. /Ms. ) \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_, AL ZIP \_\_\_\_\_

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

Cell (C) \_\_\_\_\_ Work (W) \_\_\_\_\_ Home(H) \_\_\_\_\_

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: cellular, facsimile, email, US mail, or private courier. Data & messaging rates apply. Dues are subject to change.

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Dues Withdrawn \$9 per month or \$108 annual (please circle)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

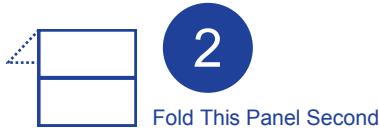
Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_  
MM/YR

  X    
Signature \_\_\_\_\_



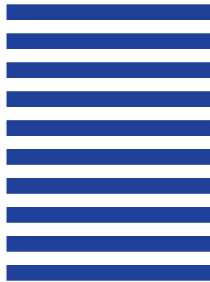
Join the ONLY Association that promotes & protects State Employees... Apply Today!



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

POSTAGE WILL BE PAID BY ADDRESSEE

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 656 MONTGOMERY AL

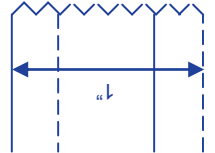


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



Apply Clear Tape  
Left and Right To  
Secure Open Edge.  
**DO NOT STAPLE**

Overlap 2 Tape Pieces to Make 1"



Fold This Panel First And Follow Tape Placement Instructions.

