

MEMBERSHIP APPLICATION

Sign me up! I want to join the ranks of my fellow supervisors and become a member of **CCSO**.

I hereby tender my application for membership in the California Correctional Supervisors Organization (CCSO) and authorize the state controller to deduct from my salaries and wages, the amount specified now or in the future for membership dues and any benefit program for which I have applied, which is sponsored by CCSO, for the purpose of negotiating with my employer on my behalf on all matters affecting my employment relations. As a condition of membership in CCSO, I agree to abide by the constitution and bylaws of CCSO and faithfully carry out my obligations under the same. Dues are payable in monthly installments, due the first day of each month.

Note: CCSO bylaw XII, section 9 states, in part "...the organization does not incur any duty to represent any employee who joins the organization after circumstances occur that prompt either a punitive action against said employee or grievance from said employee..."

This authorization will remain in effect until cancelled by the Organization, or at my written request, subject to the provisions of any agreement in effect between the State of California and CCSO, that apply to my classification. I understand that termination of my membership will cancel all deductions made under this authorization.

CCSO Membership Application

Complete this form, fold, and mail to the CCSO office for processing. No stamp is required. Current CCSO dues are \$55.00 per month. A small percentage of your dues will be used for political action. Check here if opposed. *Please print:*

Date

Name

Home Address

City

Zip

Home Phone

Employed at (Facility)

Job Title

Facility Address

Birth Date

SS#

Signature

CCSO Members are covered for a \$2,000 death benefit effective once beneficiary is designated on card. Contact CCSO office within 60 days after member's death occurs.

Beneficiary's Name

DOB

