



MEMBERSHIP APPLICATION

CALIFORNIA CORRECTIONAL SUPERVISORS ORGANIZATION, INC.

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 the above named organization, 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, Sec.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 a grievance from said employee..."

This authorization will remain in effect until canceled 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

Current dues \$55.00 a month provides members:

Legal Representation

Vision Service Plan Enhancement - Effective 15th of the month

Death Benefit

CDCR, DPA & Political Representation

A small percentage of your dues will be used for political action. Check here , if opposed.

PLEASE PRINT

NAME: _____ DATE: _____

HOME ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

JOB TITLE: _____ EMPLOYED AT (FACILITY): _____

BIRTH DATE: _____ SS # _____

SIGNATURE _____

CCSO member 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

Name: _____ DOB _____