



Sacramento County Criminal Justice Employees' Union

MEMBERSHIP APPLICATION FORM

Name: (As if appears on your W2) _____
(Last) (Frist) (M)

Address: _____

City: _____ Zip: _____

Phone#: _____ Work#: _____

Date of Birth: _____

Classification: _____ Date of Hire: _____

Email: _____

FOR OFFICE USE ONLY

DUES _____

LDF- 2 years only \$5.00

_____ Total

I hereby authorize SCCJEU to deduct each payday the sum indicated as the existing due's deduction established in the current Bylaws.

Signature of Applicant

Date of Application