

ASEA ANNUAL MEMBERSHIP APPLICATION

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

- You may pay MONTHLY PAYROLL DEDUCTION \$9.50* Lump sum annual dues \$114
(If you choose lump sum annual dues, check must accompany membership application. Please make check payable to ASEA.)
- Check here if you are a contract employee. (Payroll deduction not available. Lump sum dues must accompany application).
To pay with credit card or bank draft, please visit www.asea.org

Chapter: _____

Recruiter: _____ Recruiter's ASEA Membership ID #: _____

Name (Mr. /Ms.) _____

Soc. Sec. No. _____ Date of Birth: ____ / ____ / ____

Home Address _____ Apt: _____ City _____, AL ZIP _____

Dept. _____ Work Address _____

Cell (C) _____ Phone (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 and messaging rates apply.

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 \$114 per year. Dues are subject to change. For each Cost-of Living Adjustment (COLA) effective after 2024, annual and monthly dues will increase by multiplying the percentage of the COLA by the annual dues amount at the time the COLA is effective. 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) 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 \$114 per year include \$10.67 for an annual subscription of the *Insider*.

FOR OFFICE USE ONLY	
Payroll Code	_____
ASEA	\$9.50
Effective Date	_____

Employee Signature X _____



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

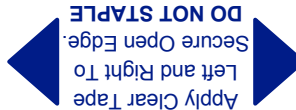
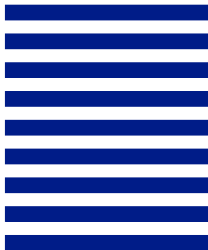


Fold This Panel First.



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

POSTAGE WILL BE PAID BY ADDRESSEE



Overlap 2 Tape Pieces to Make 1"

