

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 \$114. Check must accompany membership application. Please make check payable to ASEA.

Bank Draft (\$9.50 per month/\$114 annual) Credit Card (\$9.50 per month/\$114 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. Dues are subject to change. 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Dues Withdrawn \$9.50 per month or \$114 annual (please circle)

Financial Institution Routing Number _____

Checking/Savings Account Number _____

These numbers are located on the bottom of your check as follows:

example: **1: 123456789 1: 1234567890123 1:**
ROUTING NUMBER ACCOUNT NUMBER

Visa MasterCard AmEx Discover

\$9.50 month \$114 annual

Name on Card _____

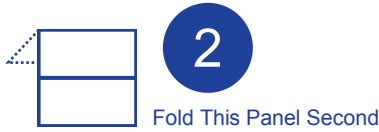
Card # _____

Exp. Date _____ Security Code _____
MM/YR

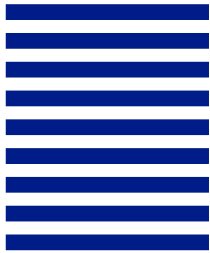
X _____
Signature



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



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



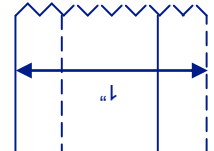
POSTAGE WILL BE PAID BY ADDRESSEE
FIRST-CLASS MAIL PERMIT NO. 656 MONTGOMERY AL
BUSINESS REPLY MAIL

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.

