

ASSOCIATE MEMBER APPLICATION

Date

I, _____ wish to become an Associate Member of BCEA, Local 1.
(print name)

I understand that my dues will be \$20.00 per month, payable to BCEA, Local 1 directly. If I choose to stop my membership, I will notify the BCEA, Local 1 office in writing. Enclosed is \$20.00 for the first month's dues.

(signature)

(home address)

(work address)

(City, State, Zip)

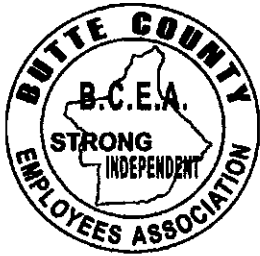
(work title & department)

(home phone)

(work phone)

(home email, optional)

(work email, optional)



BCEA LOCAL 1

*Affiliated with Public Employees Union, Local 1
Celebrating Over 50 Years of Service to Members
Incorporated 1953*

LOCAL 1

ASSOCIATE MEMBERSHIP PAST DUE POLICY

As agreed and adopted upon by the BCEA Board of Directors on September 23, 2008:

- 1.) When a member reaches the point that they have become 30 days past due on their dues, they will be sent a letter informing them that they need to bring their dues current. Further state, that if their dues become 60 days in arrears, their membership is revoked.
- 2.) When a member becomes 60 days past due, their membership is revoked. They will be required to submit a new application accompanied with their payment for one month's dues at the current rate for associate membership.
- 3.) Reinstatement after loss of membership due to unpaid dues will be offered one time only.
- 4.) Reinstatement requires approval by a majority of the Board of Directors.