



Butte County Employees' Association Local #1

2210 5th Ave., Oroville, CA 95965
Phone: (530) 533-8003 Fax: (530) 533-7983



In accordance with Government Code §3502.5 employees assigned to your bargaining unit approved by a majority vote an Agency Shop Agreement that requires as a condition of your employment that you either become a member of BCEA Local #1, pay a fair share fee to BCEA Local #1 or declare a religious exemption and demonstrate your eligibility to pay the full dues amount and initiation fee to a non-profit charitable organization designated by BCEA Local #1 to receive such full dues amount and initiation fee.

PLEASE PRINT ALL INFORMATION EXCEPT YOUR SIGNATURE

First Name:		Middle Initial:	Last Name:	
Mailing Address:				City:
Zip Code:	Home Phone:		Personal Email:	
Job Title:			Department:	
Work Location:			Work Phone:	Ext:
Hire Date:	Employee #:	Birth Date:	Bargaining Unit: <i>General</i>	
Dues/Fair Share:		Unit Fund Fee:	Initiation Fee:	

CHECK ONE OF THE BOXES ON THE LEFT AND SIGN BELOW

<input type="checkbox"/>	Membership Authorization
	I wish to become a member of the Butte County Employees' Association, Local #1 the designated exclusive representative for purposes of all matters pertaining to employer/employee relations with the County of Butte. I hereby authorize and/or acknowledge the County of Butte to deduct from my wages through payroll deduction and to remit to BCEA Local #1 that amount necessary to pay the monthly dues, initiation fee and/or other special assessment that may be authorized by the membership or established in accordance with the bylaws of the organization. I further authorize the County of Butte to deduct other costs for programs or insurance premiums I may voluntarily select. As a member of BCEA Local #1 I am entitled to the full rights of membership and to participate in the affairs of the organization.
<input type="checkbox"/>	Fair Share Fee
	I do not wish to become a member of the Butte County Employees' Association, Local #1 the designated exclusive representative for purposes of all matters pertaining to employer/employee relations with the County of Butte. I hereby authorize and/or acknowledge the County of Butte to deduct from my wages through payroll deduction and to remit to BCEA Local #1 that amount necessary to pay the monthly fair share fee and initiation fee in accordance with the bylaws of the organization. I understand that by selecting this option I hereby waive all rights and privileges reserved to members of BCEA Local #1. BCEA Local #1 in exchange for receiving the fair share fee will provide representation on matters within the scope of representation and in accordance with the law.
<input type="checkbox"/>	Religious Exemption
	I do not wish to become a member of the Butte County Employees' Association, Local #1 the designated exclusive representative for purposes of all matters pertaining to employer/employee relations with the County of Butte. I hereby authorize and/or acknowledge the County of Butte to deduct from my wages through payroll deduction and to remit to a non-profit charity the amount equal to the monthly dues and initiation fee in accordance with the bylaws of the organization. I understand that by selecting this option I hereby waive all rights and privileges reserved to members of BCEA Local #1. BCEA Local #1 in exchange for paying the full dues amount will provide representation on matters within the scope of representation and in accordance with the law.
	Notice: If you establish eligibility for this exemption you will be given a choice of three charities to select from at a later time before deductions are initiated.

Employee Signature:	Date:
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Copies: White: Auditor's Office — Yellow: BCEA Local #1 — Pink: Employee