



## *Butte County Employees' Association Local #1*

2210 5th Ave., Oroville, CA 95965

Phone: (530) 533-8003 Fax: (530) 533-7983



**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: Social Service Unit	
<b>Membership Authorization</b>				
<p>I wish to become a member of the Butte County Employees' Association, Local #1 the designated exclusive representation 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 though 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.</p>				
Employee Signature:			Date:	