☐ **New** ☐ **Update** ☐ **Renewal** **Date:** _____

INTERNATIONAL ASSOCIATION OF workforce PROFESSIONALS CALIFORNIA CHAPTER

# Membership Application

Mail form (and payment) to: Membership Coordinator, 303 W. Elm Street, Oxnard, CA 93033

Name: _____
Last, First, MI

Local Chapter: _____ Telephone Number: _____

Home email: _____

Address: _____
Number and Street Address City State Zip Code

Employer: _____ City: _____

Job Title: _____ ARU: ____ (If applicable) Bargaining Unit: _____ (If applicable)

## Type of Member & Association Annual Dues Amount

☐ **Non-State Employee (WIOA, Business, etc.):** $98.00

☐ **Cash/Check Payment:** I hereby agree to be sent an annual invoice for renewal of dues.

☐ **Retiree:** $36.00

☐ **Cash/Check Payment:** I hereby agree to be sent an annual invoice for renewal of dues.

☐ **State of California Employment Development Department (EDD) Manager/Supervisor/Exempt Employee:** $0.00

I agree to provide my full social security number, which will be kept confidential. **SSN #:** _____-_____-_____

☐ **State of California EDD Employee Bargaining Unit 1, 2 or 4:** $48.00

I agree to provide my full social security number, which will be kept confidential. **SSN #:** _____-_____-_____

☐ **Automatic Deduction:** By checking this box, I hereby authorize the State Controller's Office (SCO) to automatically deduct **$4.00** from my salary each month and transmit, as designated, an amount for membership dues to the IAWP. I certify that I am now a member of the IAWP and allow the organization to establish, change and/or cancel my deduction. This authorization will remain in effect until I submit a written request to the SCO to cancel this deduction and termination of membership will cancel all deductions made under this authorization. I understand that processing may take 2-3 pay periods.
**-OR-**

☐ **Cash/Check Payment:** I hereby agree to be sent an annual invoice for renewal of dues.

☐ **State of California Employee (Non-EDD):** $98.00

I agree to provide my full social security number, which will be kept confidential. **SSN #:** _____-_____-_____

☐ **Automatic Deduction:** By checking this box, I hereby authorize the State Controller's Office (SCO) to automatically deduct **$8.17** from my salary each month and transmit, as designated, an amount for membership dues to the IAWP. I certify that I am now a member of the IAWP and allow the organization to establish, change and/or cancel my deduction. This authorization will remain in effect until I submit a written request to the SCO to cancel this deduction and termination of membership will cancel all deductions made under this authorization. I understand that processing may take 2-3 pay periods.
**-OR-**

☐ **Cash/Check Payment:** I hereby agree to be sent an annual invoice for renewal of dues.

I understand that the processing of this form/payment may take 1-3 months and that the International Association of Workforce Professionals (IAWP) organization does not issue refunds.

Sign _____ Date _____

Form A

Recruiter's Name: _____

Local Chapter: _____