



**CALIFORNIA ASSOCIATION OF PROFESSIONAL EMPLOYEES**  
MARINE ENGINEERS' BENEFICIAL ASSOCIATION, AFL-CIO  
**MEMBERSHIP APPLICATION**

**Mail to:** CAPE, 3018 E. Colorado Blvd., Suite 200, Pasadena, CA 91107  
626.243.0340

**Email to:** info@capeunion.org

**Fax to:** 626-243-0368

**1. Yes, I want to join with my coworkers and become a member of CAPE!** I hereby request and voluntarily accept membership in CAPE, the union that represents me and negotiates and concludes on my behalf any and all agreements as to wages, working hours and other conditions of work. I authorize CAPE to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer. I agree to be bound by the bylaws of CAPE and by any contracts that may be in existence at the time of the application, or that may be negotiated by CAPE.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Employee ID Number \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_ Division \_\_\_\_\_

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Date of Birth \_\_\_\_\_ M/F \_\_\_\_\_ Sex \_\_\_\_\_ Employment Date \_\_\_\_\_ Dept. # \_\_\_\_\_ Job Title \_\_\_\_\_

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Home Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

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Business Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Business Phone \_\_\_\_\_

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Work Email Address \_\_\_\_\_ Personal Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**DUES DEDUCTION**

**2. I recognize the need for a strong union and believe that everyone represented by a union should pay their fair share to support our union's activities.** I agree to pay dues on a monthly basis at the rate established periodically by the CAPE Board of Directors (currently 1% of base salary). I understand that I may terminate my monthly dues deduction only during contractually negotiated "withdrawal periods" as designated in my Unit's collective bargaining agreement. This authorization shall automatically be renewed as an irrevocable check-off from year to year unless I revoke it during the withdrawal period, irrespective of my membership in CAPE. Contributions to CAPE are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses. I hereby request and voluntarily authorize the County to deduct from my earnings and to pay to CAPE the regular monthly dues from my paycheck. ***(Also, please sign the payroll authorization card on the other side of this form.)***

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONTACT BY PHONE**

**3. I authorize calls from CAPE.** By providing my phone number, I understand that CAPE may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. CAPE will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**POLITICAL ACTIVITIES**

**4. Volunteer to contribute to CAPE’s political efforts on the state and local level.** CAPE members have benefited from the work CAPE does in Los Angeles County and in Sacramento, thanks to a robust Political Action Committee program that focuses on issues important to our members. Our PAC does not participate in national endorsements, partisan politics or social issues. Check below to help CAPE continue to engage in political activities on behalf of its members. State and federal regulations require the use of dues money for political activities to be optional. Your authorization to withhold money to CAPE for political activities is voluntary and is neither a condition of employment nor condition of membership in CAPE. Members have the right to refuse to contribute without suffering any reprisal. Only U.S. citizens or lawful permanent residents may contribute to CAPE’s political activities. Federal law requires political committees to report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Contributions to CAPE’s political activities are not deductible as charitable contributions for tax purposes. This authorization shall remain in effect and shall be automatically renewed until revoked in writing via U.S. Mail to CAPE. *Initial here if you want part of your regular monthly dues (in an amount set by the CAPE Board of Directors) to be used by CAPE for political activities:* \_\_\_\_\_

**5. CAPE Life Insurance Beneficiary Designation.**

(You may change this designation at any time by contacting the CAPE office.)

Primary Beneficiary(ies) \_\_\_\_\_ Benefit % \_\_\_\_\_ Relationship \_\_\_\_\_

Contingent Beneficiary(ies) \_\_\_\_\_ Benefit % \_\_\_\_\_ Relationship \_\_\_\_\_  
 (In event of Primary Beneficiary(ies) prior death.)

DO NOT DETACH

	DEDUCTION AGENCY NAME	DEDUCTION CODE
	<b>CALIFORNIA ASSOCIATION OF PROFESSIONAL EMPLOYEES</b>	<b>EU 105</b>

DO NOT WRITE ABOVE THIS LINE											
EMPLOYEE NUMBER	DEPT. NO.	EMPLOYEE LAST NAME	FIRST NAME	M							

DO NOT FILL IN THE SHADED AREA				NOT TO BE USED FOR COUNTY INSURANCE PLANS			
CHANGE INDIC.	DEDUCTION AMOUNT						
	OLD	NEW					
NEW <input type="checkbox"/>							
REPL <input type="checkbox"/>							
CANC <input type="checkbox"/>							

I HEREBY AUTHORIZE AUDITOR OF THE COUNTY OF LOS ANGELES OR HIS AGENTS TO DEDUCT MONTHLY FROM SALARY EARNED BY ME IN ANY DEPARTMENT OR DISTRICT OF THE COUNTY OF LOS ANGELES THE AMOUNT SHOWN HEREON AND TO PAY SAME TO:

**CALIFORNIA ASSOCIATION OF PROFESSIONAL EMPLOYEES**

IF ALL OR ANY PORTION OF THIS DEDUCTION AUTHORIZATION INCLUDES INSURANCE PREMIUMS AND/OR EMPLOYEE ORGANIZATION DUES, I ALSO AUTHORIZE THE AUDITOR TO ADJUST FROM TIME-TO-TIME THE AMOUNT OF THIS DEDUCTION AS MAY BE REQUIRED TO COMPLY WITH ADJUSTMENTS IN COUNTY SUBSIDY AMOUNTS OR IN PREMIUMS UNDER EXISTING CONTRACTS WITH SAID INSURANCE PLANS, OR TO COMPLY WITH DUES SCHEDULES DETERMINED BY SAID EMPLOYEE ORGANIZATIONS' GOVERNING BODY IN ACCORDANCE WITH SUCH ORGANIZATIONS' CONSTITUTION CHARTER, BYLAWS, OR OTHER APPLICABLE LEGAL REQUIREMENTS.

THIS AUTHORIZATION CANCELS AND REPLACES ANY PREVIOUSLY SIGNED BY ME WITH THIS DEDUCTION AGENCY FOR THIS PURPOSE AND SHALL REMAIN IN EFFECT UNTIL CANCELED BY ME BY WRITTEN NOTICE. I EXPRESSLY UNDERSTAND AND AGREE THAT THE AUDITOR, HIS AGENTS OR THE COUNTY ACTING UNDER THIS AUTHORIZATION SHALL NOT BE LIABLE IN ANY MANNER FOR FAILURE OR DELAY IN MAKING THE DEDUCTION OR PAYMENTS HERE AUTHORIZED.

**PAYROLL DEDUCTION AUTHORIZATION**

DATE \_\_\_\_\_

SIGNATURE OF EMPLOYEE \_\_\_\_\_