

VICTORY CLUB MEMBERSHIP APPLICATION

YES, I WANT TO JOIN THE VICTORY CLUB

LAST NAME, FIRST NAME, MIDDLE INITIAL – PLEASE PRINT

SOCIAL SECURITY NUMBER

CSEA CHAPTER NUMBER

EMPLOYER/RETIREE DISTRICT

HOME ADDRESS

CITY

ZIP

(_____) _____
DAYTIME TELEPHONE

(_____) _____
HOME TELEPHONE

CSEA AREA & REGION (IF KNOWN)

I hereby authorize and direct my employer to deduct from my paycheck OR increase my Victory Club contribution monthly and transmit that amount to the CSEA Victory Club the total sum of (check box below): (This authorization also applies to PERS Benefit Check deduction)

PREFERRED OPTION – PAYROLL DEDUCTION:

VIP \$10 **VIP \$6** **SPONSOR \$5** **SPONSOR \$4** **SPONSOR \$3** **\$ * Other**

I understand that my VICTORY CLUB contribution is in addition to my present CSEA dues deduction. The effective date will be the date of the next payroll following receipt of this application by the employer. This authorization shall remain in full force and effect until revoked in writing by me. *\$1/month minimum.

ALTERNATE OPTION – ANNUAL CONTRIBUTION:

\$100 \$75 \$40 \$25 \$15**

- I would like to become an annual member of the CSEA Victory Club.
- I would like to continue my annual membership in the CSEA Victory Club.
Enclosed is my check for: _____
- I would like to make a donation

Please make checks payable to "CSEA Victory Club," **Min. allowable annual contribution.

Place check and application in an envelope and mail to CSEA. (Address on reverse side of this card.)

MEMBERSHIP CONTRIBUTION INCREASE: I want to increase my Victory Club Membership contribution to \$_____ per month.

DATE

MEMBER'S SIGNATURE

ENROLLED BY

SOCIAL SECURITY NUMBER

Yes No
VICTORY CLUB PIN RECEIVED
 Yes No
VIP OR SPONSOR BAR RECEIVED



CALIFORNIA SCHOOL
EMPLOYEES ASSOCIATION