

CSEA CARES DOROTHY BJORK ASSISTANCE FUND DEDUCTION APPLICATION

LAST NAME, FIRST NAME, MIDDLE INITIAL – PI	LEASE PRINT			
CSEA ID NUMBER OR LAST 4 DIGITS OF SSN	CSEA CHAPTER NUMBER	EMPLOYER NAME AND DISTRICT		
HOME ADDRESS		CITY		ZIP
() WORK TELEPHONE (WITH EXTENSION)	HOME TELEPHON	TE	CELL PHONE	
EMAIL ADDRESS		BIRTHDAT	E	
I hereby authorize and direct my emplo amount to the CSEA Assistance Fund. dues deduction. The effective date will be full force and effective until revoked in write	I understand that my DORC the date of the next payroll f	OTHY BJORK ASSISTANCE FUNI	O contribution is in additi	ion to my present CSEA
☐ START NEW PAYROLL DEDUCTION	ON \$	per month.		
☐ INCREASE CURRENT PAYROLL D	EDUCTION: I want to in	crease my payroll deduction to \$ _		per month.
☐ ONE-TIME CONTRIBUTION \$				
Send checks made payable to "CSE (Address on reverse side of this care	• 3	nce Fund," and application in an er	evelope and mail to CS	EA Headquarters.
DATE	MEMBER'S SIGNATURE			

