



Join the 4C's Retirees Chapter

1. Print this page and fill in the form.
2. Where it says "Chapter Number", put: **418/4C's**
3. Mail to:

Connecticut State Employees Assoc.
760 Capitol Avenue
Hartford, CT 06106-9882

Application for Membership and Pension Deduction Authorization

I hereby authorize the State of Connecticut to deduct from each pension check the amount of four dollars (\$4.00), or such amounts as may from time to time be voted by CSEA/SEIU Local 2001 as Association (and Council/Chapter) dues. The amount so deducted shall be forwarded to the office of CSEA/SEIU Local 2001 for my credit.

I have been informed that I may cancel this authorization upon thirty (30) days' written notice.

Name <i>(please print)</i>	418/4Cs			
	Chapter Number			
Home Address	City	State	Zip Code	
Home Phone	E-mail Address			
State Employee Number	Signature	Date Joined	Sponsor	
Optional Information	Home Phone	Senate District #	House District #	Congressional District #

5-2008

Contact Chapter President **Bill Searle** if you have any questions:
sacobills@aol.com