

Las Vegas City Employees' Association  
Membership Application  
(Please print or type - fax copies will NOT be accepted)

Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_  
            Last           First           Middle

Current Address: \_\_\_\_\_  
  Street    Apartment/Unit #  
\_\_\_\_\_  
City    State    ZIP

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_ Home Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Classification: \_\_\_\_\_

Bargaining Unit:                      Classified \_\_\_\_\_                      Supervisory \_\_\_\_\_

Referred by: \_\_\_\_\_

I hereby authorize payroll clerk of the City of Las Vegas to deduct the LVCEA dues, each pay period from my salary and remit same to the Las Vegas City Employees' Association. I also agree to remain a member of the Association for at least one calendar year.

A member's authorization for such deduction is irrevocable except (a) during the month of August when a member may authorize withdrawal from the LVCEA by giving written notice to the City's Payroll Division and the LVCEA or (b) upon termination of employment. Associate Members may withdraw at anytime by submitting written notice to the City's Payroll Section and the LVCEA. (LVCEA Bylaw Art. II Section 2, dues deduction).

I understand that during my initial six-month probationary period that the LVCEA cannot represent me in any grievances as I am contractually prohibited from filing a grievance until my probationary period is over. However, I understand that the LVCEA may be able to represent me in other workplace issues that do not require the filing of a grievance.

I understand that the LVCEA from time-to-time may send me correspondence and other mailings, either such electronically via e-mail or to my home address, and that it is my responsibility to keep the LVCEA timely informed as to any changes to the information requested on this form.

I understand a portion of my dues will go to the PAC Account unless I agree to opt out, which I may do by initialing in this space \_\_\_\_\_.

Member's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Received by LVCEA: \_\_\_\_\_ Date: \_\_\_\_\_

Received by Finance: \_\_\_\_\_ Date: \_\_\_\_\_