

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: _____

Preferred Email for voting and surveys: _____
Date of Birth: _____ Hire Date: _____

Marital Status: Married Divorced Single Spouse Full Name: _____
Department: _____ Division: _____

Job Title: _____ Grade: _____ Step: _____
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 Bylaws 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 that 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

Please understand that by signing this application you will be required to remain a member of the LVCEA for 12 continuous months and are subject to the annual August Opt-Out policy.

Member's Signature _____ Date: _____

Received by LVCEA: _____ Date: _____

Received by Finance: _____ Date: _____