



# Chinese Employee Association of Los Angeles County

## Membership Application

Employee Number:	Last Name:	First Name:	M.I.	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (mm/dd):	Home Address:	City:	Zip Code:	
Business Phone:	Cell Phone:	Home E-mail:		
		Work E-mail:		
Department:	Job Title:	Status: <input type="checkbox"/> County Employee <input type="checkbox"/> Retired <input type="checkbox"/> None-County Employee		
Work Schedule Cycle: <input type="checkbox"/> 5/40	Work Schedule Cycle: <input type="checkbox"/> 9/80-RDO:	Work Schedule Cycle: <input type="checkbox"/> 4/40-RDO:		
Remarks:				
I hereby request and accept membership in the Chinese Employees Association of Los Angeles County (CEALAC), and authorize the CEALAC to represent my interest as an employee of the County of Los Angeles, and agree to abide by the rules and regulations of the Association.				
Signature: _____			Date: _____	

Membership Fee: \$20.00 Annually

Please make check payable to: **CEALAC**  
**382 N Lemon ave. #487**  
**Walnut, CA 91789**

For Office Use Only:

Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check	Check number:
Received By:	
Officer's Name: _____	Officer's Signature and Title: _____
	Date: _____