



MEMBERSHIP APPLICATION

California Attorneys, Administrative Law Judges
and Hearing Officers in State Employment

Toll-free telephone: 1-800-699-6533

*required

Mr. Ms.* _____
Last Name* First* Middle Initial*

Date of Birth* Employment Hire Date* Job Title*

Do you have an active CA State Bar License?* Yes No If yes, date admitted to State Bar _____

Home Street Address *

City * State* Zip Code*

Home Telephone* Alternate Telephone Home E-mail Address*

Department* Work Address*

City* State* Zip Code* Work Telephone* Extension

Work Email Address* Referred by (if applicable)

I hereby apply for membership in the California Attorneys, Administrative Law Judges and Hearing Officers in State Employment (CASE) and designate CASE as my exclusive representative for all matters relating to wages, hours and other terms and conditions of employment and for all other purposes provided by law. I authorize the State Controller to deduct from my salary and transmit as designated an amount for membership dues and any benefit program for which I have applied which is sponsored by CASE. This authorization will remain in effect until canceled by myself or CASE. I understand that termination of membership will cancel all deductions made under this authorization (present monthly dues are \$60).

Signature _____ Date _____

PLEASE MAIL APPLICATION to: 1231 I Street, Suite 300, Sacramento, CA, 95814
OR EMAIL to: info@calattorneys.org OR APPLY ONLINE at: www.calattorneys.org