



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 \$65).

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