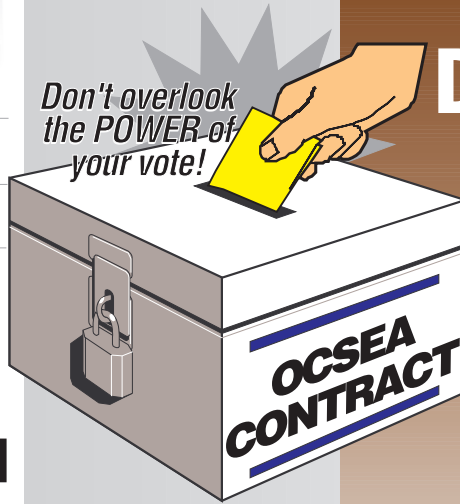


# UBBN

UNION  
BULLETIN  
BOARD  
NETWORK

390 WORTHINGTON RD.  
WESTERVILLE, OH 43082  
800-969-4702  
www.ocsea.org

January 13, 2003



# DO YOU KNOW IF YOU ARE ELIGIBLE TO VOTE ON YOUR CONTRACT?

## HAVE YOU SIGNED ONE OF THESE?

**IF NOT**

If you have signed a blue OCSEA membership application, you will be able vote.

you will need to in order to vote.

**IF YOU'RE  
NOT SURE...**

... or you have NOT signed a membership application, contact your Chapter President.

If you're signing up soon, be sure to return your membership application to OCSEA right away to be eligible to vote.



**Now, more than ever, it's important for you to vote on the contract that will directly impact your employment future...**

State of Ohio  
Department of Administrative Services-ADM-4307  
Rev. 7-16-98

### OCSEA MEMBERSHIP APPLICATION AND AUTHORIZATION FOR PAYROLL DEDUCTION

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Please Print) Last First Middle

I hereby authorize the State of Ohio to make this change to the Voluntary Deductions from my earnings:  
 New Authorization  Membership Dues

Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
 City \_\_\_\_\_ Deduct % or Amount 1.25%  
 Department or Agency \_\_\_\_\_ Payroll Code: D01

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Payable To: The Ohio Civil Service Employees Association

PLEASE PRINT CLEARLY

**OCSEA AFSCME Local 11 Membership Application**

Name \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 City \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Residence Phone \_\_\_\_\_ County of Residence \_\_\_\_\_  
 Email Address \_\_\_\_\_ Chapter \_\_\_\_\_  
 County of Employment \_\_\_\_\_

Department or Agency \_\_\_\_\_

Note: Dues, contributions or gifts to AFSCME are not deductible as charitable contributions for federal income tax purposes. Dues paid to AFSCME, however, may qualify as business expenses and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Service. 50 of the annual membership dues is for a subscription to the Public Employee News.

I request and accept membership in OCSEA. I agree that my membership shall be in accordance with the provisions of the Constitution of AFSCME and OCSEA and its subordinate bodies, as well as the collective bargaining agreement negotiated between OCSEA and my employer. I understand that the revocation of my membership must be in accordance with the terms of the collective bargaining agreement negotiated by OCSEA with my employer.

Signed \_\_\_\_\_

**SIGN BOTH CARDS**

Salary Deduction - Do not send money - complete authorization or money order is to accompany application.

Are you a veteran?  
 Dates of Active Service:  
 From: \_\_\_\_\_  
 To: \_\_\_\_\_  
 To: \_\_\_\_\_

**FOLD IN CENTER, TAPE & MAIL**