



MEMBERSHIP APPLICATION

Professional Engineers in California Government

(PLEASE PRINT OR TYPE)

NAME _____
FIRST MIDDLE LAST

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

SOCIAL SECURITY NO. _____ DEPARTMENT _____

CITY OF EMPLOYMENT _____ OFFICE TELEPHONE (____) _____

EMPLOYMENT DESIGNATION (✓box) Rank and File Supervisory/Managerial

How did you hear about becoming a PECG member?

Letter Poster Informer Meeting Other Recruiter - please name): _____

I hereby apply for membership in Professional Engineers in California Government (PECG) and designate PECG 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 PECG. This authorization will remain in effect until cancelled by myself or by PECG subject to the provisions of any applicable Memorandum of Understanding. I understand that termination of membership will cancel all deductions made under this authorization.

Signature _____ Date _____

Please check if you do not wish any portion of your dues to be contributed to PECG's Political Action Organization. (Your dues will remain the same whether you check this or not.)