



CALIFORNIA ASSOCIATION OF
PROFESSIONAL SCIENTISTS

MEMBERSHIP APPLICATION

CALIFORNIA ASSOCIATION OF PROFESSIONAL SCIENTISTS

(Please print or type)

NAME _____
LAST FIRST MIDDLE

WORK PHONE NUMBER HOME PHONE NUMBER EMAIL ADDRESS

CLASSIFICATION _____ Check one: Unit 10 Member Supervisor Manager

HOME ADDRESS (Street) _____

CITY _____ STATE _____ ZIP CODE _____

I hereby apply for membership in California Association of Professional Scientists (CAPS) and designate CAPS as my exclusive representative for all matters relating to wages, hours, and other terms and conditions of employment for all other purposed 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 CAPS. This authorization will remain in effect until canceled by myself or by CAPS subject to the provisions of the Unit 10 Memorandum of Understanding which may limit the time period for withdrawal from membership. I understand that termination of membership will cancel all deductions made under that authorization.

SIGNATURE _____ DATE _____

The Board of Directors has created a PAC (Political Action Committee) fund and will allocate a portion of the members' dues to this fund. This amount is subject to change, but is currently \$4 per month. If you do not want any portion of your dues to be used for this purpose, you must notify CAPS in writing.