



Unions Start with YOU

Science Matters. Scientists Matter.

Since 1984, California State Scientists have chosen to stand together in solidarity, as a union, known as the California Association of Professional Scientists (CAPS) to advocate for:

- ✓ **Competitive Salaries**
- ✓ **Quality Health Care**
- ✓ **Retirement Security**
- ✓ **Rights in the Workplace**
- ✓ **Scientific Programs in State Government**

The monthly dues of \$59 are a long-term investment in a better workplace, career security and protecting the benefits promised to you and your family, including a secure retirement.

Choose UNITY! Choose STRENGTH!

Join the majority of your colleagues who understand the importance of membership and

CHOOSE CAPS

State Scientists are stronger together, working as one. Without a single, unified voice speaking up for ALL on pay, benefits, and other terms and conditions of employment, we would be dependent on the good faith and kindness of the Governor and the state Legislature for our compensation package.

When we all do our part, CAPS has the resources to protect our retirement, maintain quality health benefits, and make sure that equitable pay is our top priority at the bargaining table. A strong membership equals power in collective bargaining, with the Legislature and in representing members in all venues.



California Association of Professional Scientists Membership Application (Please print or type)

The California Association of Professional Scientists is MY Union! I understand that strong representation requires all represented members to contribute. Therefore, I commit to standing together with my fellow state scientists and my union.

NAME _____
Last First Middle Initial

WORK PHONE _____ CELL PHONE _____

WORK EMAIL _____

PERSONAL EMAIL _____

HOME ADDRESS _____
Street

CITY _____ STATE _____ ZIP CODE _____

WORK ADDRESS _____
Street

CITY _____ STATE _____ ZIP CODE _____

REFERRED BY _____

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 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 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 of membership. I understand that termination of membership will cancel all deductions made under that authorization.

SIGNATURE _____ DATE _____

CONTACT CAPS

Headquarters
455 Capitol Mall, Suite 500
Sacramento, CA 95814
Phone: (916) 441-2629
Fax: (916) 442-4182

Los Angeles
215 N. Marengo Avenue, Suite 185
Pasadena, CA 91101
Phone: (818) 246-0629
Fax: (818) 247-2348

San Francisco
100 Pine Street, Suite 750
San Francisco, CA 94111
Phone: (415) 861-6343
Fax: (415) 861-5360

CAPS Insurance Information
Phone: (415) 956-1344
Email: insurance@capsscientists.org

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Twitter: @CAPSscientists



CA ASSN OF PROFESSIONAL SCIENTISTS
SUITE 500
455 CAPITOL MALL
SACRAMENTO CA 95814-9808

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