

**ARKANSAS STATE EMPLOYEES ASSOCIATION, INC. • An Independent Organization**  
**APPLICATION FOR MEMBERSHIP AND REPRESENTATION • Please complete for payroll deduction**

By \_\_\_\_\_  
 (PRINT) Last Name First Name Middle Name

I work for \_\_\_\_\_  
 Agency/Institution Work Location Personnel Number

Effective \_\_\_\_\_ I hereby authorize you to deduct from my earnings each pay period the amount of \$ \_\_\_\_\_, as my current dues. The amount deducted shall be paid to the Treasurer of Arkansas State Employees Association. This authorization shall remain in effect unless terminated in writing by me.

\_\_\_\_\_  
 Employee's Signature Mailing Address (street, route or P.O. Box)

\_\_\_\_\_  
 Social Security Number City, State and Zip Code

\_\_\_\_\_  
 E-mail Address Referred by (if applicable)

I prefer to pay dues on annual basis and enclose check for \$52.00

Membership dues include annual subscription of \$4.00 to A.S.E.A. NEWS.

Be sure to fill out all the information requested. Dues, if paid bi-weekly, are \$2.00; semi-monthly, \$2.17; monthly, \$4.34; annually, \$52.00.

Print and sign your form and remit by mail to: **A.S.E.A.**  
**P.O. BOX 1588**  
**LITTLE ROCK AR 72203-9870**

Or by fax to: **(501) 378-0113**