



MEMBERSHIP APPLICATION

STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA

Preferred SEANC District (optional)

County of Residence

County of Work (if different from residence)

Member Information

Social Security Number (Required)

Last Name

Full First Name, Middle Initial

Date of Birth

Male Female

Street/P.O. Box/Apt. Number

City/Town

State

Zip Code

Contact Information

Home Phone

Work Phone

Cell Phone

Email Address (personal)

Email Address (work)

Employment Information

Job Title/Profession

Department/Agency/School (required for payroll deduction)

Membership Type (check one)

Active Retired Associate* Affiliate**

* Associate membership is available to employees of the State Employees' Credit Union or SEANC staff.

** Affiliate membership is available to those persons or organizations who support the purposes of SEANC.

Employer

State Temporary/Part-time Local Gov't: _____

Type of Employment

10 months 11 months 12 months other _____

Monthly Cost

\$17 per month for active state employees*

\$13 per month for retired state employees*

* Includes \$14 per month membership for active state employees (or \$10 per month for retirees) and \$3 per month voluntary Employees Political Action Committee (EMPAC) contribution.

The EMPAC contribution may be declined now by checking this box or may be canceled at any time with one month's written notice to the SEANC Central Office. If you desire to contribute a different monthly amount to EMPAC, indicate your total monthly EMPAC contribution here \$_____. North Carolina law requires EMPAC to report the name, address, occupation and employer of individuals whose contributions exceed \$50 in a calendar year; contributions are limited to \$5,000 per individual per election cycle.

Payment Options (Choose One)

A. Payroll/Pension Deduction

B. EFT Bank Draft

Name of Financial Institution

9-digit Routing Number

Checking Account Number

I authorize SEANC membership dues to be deducted from my wages/pension or checking account on a monthly basis, in the amount currently established by the SEANC Bylaws, or in an adjusted amount as may be approved by the membership subsequent to the date of this authorization. I further authorize my employer or pension plan to deduct voluntary EMPAC contributions in the amount designated above from my wages/pension on a monthly basis for transmittal to SEANC in a lump sum with my SEANC dues. These authorizations shall continue until canceled by me by written notice to the SEANC Central Office. These payments are non-refundable.

Contributions or gifts to SEANC and EMPAC are not tax deductible as charitable contributions.

By providing my phone number, I understand that SEANC and its affiliates may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. SEANC will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 787753 to stop receiving messages. Text HELP to 787753 for more information.

I understand that: 1) I am not required to make contributions to EMPAC as a condition of my employment by my employer or membership in SEANC; 2) I may refuse to contribute without any reprisal; 3) only members and executive/administrative staff who are U. S. citizens or lawful permanent residents are eligible to contribute; 4) the amounts on this form are merely a suggestion, and I may contribute more or less by this or some other means without fear of favor or disadvantage from SEANC or my employer; 5) SEANC and SEIU use the money they receive for political purposes, including, but not limited to, addressing issues of political or public importance and contributing to and spending money in connection with federal, state and local elections.

Signature

Date

Recruited by (print name/ID number)(optional)