



MEMBERSHIP APPLICATION

Preferred SEANC District (optional)

County of Residence

County of Work (if different from residence)

Department / Agency / School and Hire Date (Required for Payroll Deduction)

Job Title / Profession

Member Information

Membership Type (check one)

Social Security Number (Required)

Active Employee Retired Employee Associate* Affiliate**

Last Name Full First Name, Middle Initial

* Available to employees of the State Employees' Credit Union, SEANC staff, former scholarship winners, and those individuals who do not qualify for an active membership whose spouse, parent, or grandparent were active members of SEANC, or the SEANC member has passed away on or after October 1, 2016.

Date of Birth Gender

** Available to those persons or organizations who support the purposes of SEANC.

Street / P.O. Box / Apt. Number

Employer

City / Town State Zip Code

State Temporary/Part time Local Government: _____

Type of Employment: Full time or Part time

10 months 11 months 12 months Other: _____

Contact Information

Monthly Cost

Home Phone

Employees

\$ 17.00

Membership Dues

Retirees

\$ 10.00

Work Phone

\$ 5.00

EMPAC*

\$ 5.00

Cell Phone

\$ 22.00

Monthly Cost

\$ 15.00

Email Address (personal)

* Contributions to the Employees Political Action Committee (EMPAC) are voluntary and are used for political purposes to support candidates and issues that affect state employees and retirees. Members may decline to participate by checking this box or may cancel 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 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.

Email Address (work)

Payment Options (Choose One)

A. Payroll/Pension Deduction

B. EFT Bank Draft

C. Credit Card (Purchasing Power does not except credit card payments).

Annual or Monthly

Visa Mastercard Debit

Name of Financial Institution

Card Number

9-digit Routing Number Checking Account Number

Expiration Date CVW

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 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 uses the money received 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 (Required)

Date

Recruited by (print name/ID number)