

LINCOLN CITY EMPLOYEES ASSOCIATION
AUTHORIZATION FOR PAYROLL DEDUCTION FOR MEMBERSHIP (\$12/MONTH)

Name: _____ Title: _____

Department: _____ Division: _____

Section: _____ Job Class No. _____

Work Address: _____ Work Phone: _____

Home Address: _____ Home Phone: _____

Home E-mail Address: _____

STATEMENT FROM EMPLOYEE TO THE CITY OF LINCOLN:

Effective the ____ day of _____, 20____, I hereby request and authorize you to deduct from my earnings \$12.00 per month (or the sufficient amount) to provide the regular monthly payments of the current annual Association dues, as established by the Association Board of Directors. The amount deducted shall be paid to the Treasurer of the City Employees Association of Lincoln, Nebraska. This authorization shall remain effective unless terminated by me in a written notice to the Association or the City Personnel Department. I agree to hold the Association harmless from any claim arising out of an improper dues deduction.

Date: _____ Signature: _____

LCEA Member Recruited By: _____
Name Department

RETURN COMPLETED MEMBERSHIP FORM TO: JOHN CHESS - LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT