

CCEA MEMBER

AUTHORIZATION FOR PAYROLL DEDUCTION

TO: CITY OF CARLSBAD

Until further notice as a dues paying member of the Carlsbad City Employee's Association I hereby authorize the following deduction from my payroll check:

\_\_\_\_\_ 1) \$9.50 per pay period towards membership dues for the Carlsbad City Employee's Association.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\* Information on the calculation of Chargeable Dues shall be provided upon request.