

# Association of Educational Office Employees-Los Angeles

www.aeoe-laUSD.org

## Membership Application for AEOE-LAUSD

Print Name: \_\_\_\_\_ Employee No. \_\_\_\_\_  
Last First Middle Initial (REQUIRED)

Home Address: \_\_\_\_\_  
City & ZIP \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Location: \_\_\_\_\_ District/Division: \_\_\_\_\_

Position: \_\_\_\_\_ Class Code: \_\_\_\_\_

Interested in serving on a committee Yes  No

Check One:  Regular Member  Subscriber Member  
\$5.00 ten times a year \$2.50 ten times per year

Payroll Deduction Required

**email this application to: [office.manager@aeoe-laUSD.org](mailto:office.manager@aeoe-laUSD.org) or Via US Mail to AEOE P.O. Box 227186 Los Angeles, CA 90022**

AEOE has decades of experience in serving the interest of office professionals and students in the Los Angeles Unified School District. AEOE is affiliated with the California Association of Educational Office Professionals and the National Association of Educational Office Professionals. Joining AEOE, CAEOP and NAEOP offers the broadest possible opportunities for you to become a leader. Membership is the gateway to advancement and self-satisfaction.

### Salary Deduction Authorization

School or Section: \_\_\_\_\_ Certificated or Classified (circle one)

(ONLY NEW MEMBERS FILL IN LINE 1)

**MAY BE COMPLETED EITHER  
BEFORE OR AFTER EMPLOYEE SIGNS:**

- |   |          |                         |          |
|---|----------|-------------------------|----------|
| 1. Initial deduction for this organization amount | \$ _____ | 4. Present Deduction    | \$ _____ |
| 2. Increase my deduction for this organization by | \$ _____ | 5. Increase or decrease | \$ _____ |
| 3. Decrease my deduction for this organization by | \$ _____ | 6. New total deduction  | \$ _____ |

TO: LOS ANGELES UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION:

You are hereby authorized to make a deduction from my salary **ten times a year**, in the total amount indicated, for organization dues and \$1.50 fee, and insurance premiums and, to transmit the deduction to Bulger, Lenardson & Associates, Inc.

If an increase or decrease is requested and new total deduction amount (No. 6) is not filled in by me, it is understood that the increase or decrease will be added or subtracted by the (A.E.O.E), to the deduction amount previously authorized by me to arrive at a new total deduction. It is expressly understood and agreed that dues increases up to a maximum of \$25.00, per year and insurance premium increases not over 15% per year for the same basic coverage, may be made at the direction of (A.E.O.E), without execution on my part, of a new salary deduction authorization form only if (A.E.O.E) verifies in writing to the District that blanket notification has been made to its membership of such increase, and only if (A.E.O.E) agrees to refund any deduction containing the increase if requested by me, in writing, to (A.E.O.E) within 30 days from the date the first increased deduction is made.

I further understand and agree that Los Angeles Unified School District Board of Education or its representative acting under this authorization shall not be liable in any manner for failure or delay on its (his) part in making the deduction payment herein authorized.

This authorization shall remain in force until cancelled by written notice from (A.E.O.E) or myself.

Employee Signature \_\_\_\_\_

Approved by: Association of Educational Office Employees

Employee No: \_\_\_\_\_ Date: \_\_\_\_\_ Effective Pay Period: \_\_\_\_\_